ANNUAL STATEMENT

OF THE

XANTUS Healthplan of Tennessee, Inc.

8

OF

Nashville

IN THE STATE OF

Tennessee

TO THE

INSURANCE DEPARTMENT

OF THE

STATE OF Tennessee

FOR THE YEAR ENDED

DECEMBER 31, 2002

HEALTH



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2002

OF THE CONDITION AND AFFAIRS OF THE

XANTUS Healthplan of Tennessee, Inc.

	239 1239 nt Period) (Prior Period)	NAIC Company (Code95	465 Employer's	s ID Number62-1532191
Organized under the Laws of Country of Domicile			_, State of Dor		Tennessee
,	Life Assident & Health []		asualty []	Dental Service Corp	poration []
Licensed as business type:	Life, Accident & Health [] Vision Service Corporation		asually []	Health Maintenance	• •
	Hospital, Medical & Dental		r 1		Qualified? Yes [] No [X]
Incorporated		Commen			01/01/1994
Statutory Home Office		Avenue, Suite 470	,		Shville, TN 37203 Town, State and Zip Code)
NA la Adecidade de Office	,	,	01 West End A	venue, Suite 470	,
Main Administrative Office			(Street and		2666
	Shville, TN 37203 Town, State and Zip Code)			(Area Code) (Telep	
Mail Address	3401 West End Avenue, S	Suite 470	,	Nashvill (City or Toylor	e, TN 37203 State and Zip Code)
Primary Location of Books ar	(Street and Number or P.O.	Box)	3401 W	est End Avenue, Suite	
•			3401 77	(Street and Number)	
	shville, TN 37203 Town, State and Zip Code)			615-298- (Area Code) (Telep	
Internet Website Address		http:/	//www.xantushe	ealthplan.com	
Statement Contact	Chr	istopher E. Burton			615-298-3666
cbu	rton@xhtmail.com •	(Name)		(Area Code) (⁻ 615-279-	Telephone Number) (Extension) 1280
	(E-mail Address)			(FAX Num	nber)
Policyowner Relations Conta			01 West End A	Avenue, Suite 470	
Na	Shville, TN 37203	et and Number)		615-298-	
(City or	Town, State and Zip Code)			(Area Code) (Telephone	Number) (Extension)
		OFFICI			
President Chief Financial Officer	N/A (See Note N/A (See Note		S	Secretary	N/A (See Note 1)
N/A (See No		VICE PRES			N/A (See Note 1)
1477 (000 11		14/11/000	11010 1)		
N/A (See No		IRECTORS OF N/A (See		ES	N/A (See Note 1)
	Fennessee Davidson	ss			
reporting period stated abov claims thereon, except as he or referred to is a full and tr period stated above, and of Statement Instructions and	e, all of the herein describe- erein stated, and that this st rue statement of all the asse its income and deductions Accounting Practices and P	d assets were the abstatement, together with ets and liabilities and therefrom for the perion trocedures manual expressions.	solute property in related exhibit of the condition and ended, and cept to the ext	of the said reporting exits, schedules and exits and affairs of the said have been completed ent that: (1) state law	f said reporting entity, and that on the entity, free and clear from any liens or planations therein contained, annexed aid reporting entity as of the reporting d in accordance with the NAIC Annual way differ; or, (2) that state rules or est of their information, knowledge and
Chapt For Christopher E. Special Deputy I		David L. M. Special Deputy	0		N/A (See Note 1) Treasurer
Subscribed and sworn to before day of FERMIN 2003 My commission expires: 5	ore me on this 28 Subsiday of	cribed and sworm to be of February ,2003 Chaple Commission expires:		25t	

On March 31, 1999 a Consent Order appointed the Commissioner of Commerce and Insurance as Receiver for the purpose of rehabilitation. An injunction was filed in the Chancery Court of the State of Tennessee Twentieth Judicial District, Davison County, suspending the authority of the Officers of XANTUS Healthplan of Tennessee Inc. pursuant to T.C.A. 56-9-303. On February 1, 2003, the State of Tennessee Commissioner of Commerce and Insurance appointed a new Special Deputy Receiver, Christopher Burnon, to oversee the rehabilitation of XANTUS Healthplan of Tennessee Inc.

The Receivers do not assume responsibility for, nor attest to, the accuracy or validity of any information related to XANTUS Healthplan of Tennessee, Inc. ("XHT") prior to April 1, 1999. To the best of the knowledge of the Receivers, any amounts shown prior to April 1, 1999 have not been audited nor evaluated for their accuracy by a licensed certified public accountant using generally accepted auditing standards.

ASSETS

		JOLIO	Current Veer	1	Prior Year	
		1	Current Year 2	3	4 (b),(c)	
		Assets	Nonadmitted Assets	Net Admitted Assets	Net Admitted Assets	
1.	Bonds	2, 600, 000		2, 600, 000	2, 300, 000	
2.	Stocks:					
	2.1 Preferred stocks					
	2.2 Common stocks					
3.	Mortgage loans on real estate:					
	3.1 First liens					
	3.2 Other than first liens					
4.	Real estate (Schedule A):					
	4.1 Properties occupied by the company (less					
	\$encumbrances).		(a)		
	4.2 Properties held for the production of income					
	(less \$encumbrances)					
	4.3 Properties held for sale (less					
	\$encumbrances)					
5	Cash (\$15, 182, 183 , Schedule E - Part 1) and					
Э.	short-term investments (\$	15 944 701		15 944 701	24 162 824	
6	Other long-term invested assets.					
	Receivable for securities					
	Aggregate write-ins for invested assets					
	Subtotals, cash and invested assets (Lines 1 to 8)					
	Accident and health premiums due and unpaid					
	Health care receivables					
	Amounts recoverable from reinsurers					
	Net adjustment in assets and liabilities due to foreign exchange rates					
	Investment income due and accrued(d) (i)	42, 948		42, 948	60, 002	
	Amounts due from parent, subsidiaries and affiliates(d), (i)					
	Amounts receivable relating to uninsured accident and health plans					
17.	Furniture and equipment	201, 495	201, 495			
	Amounts due from agents					
19.	Federal and foreign income tax recoverable and interest thereon (including					
	\$net deferred tax asset)					
20.	Electronic data processing equipment and software					
	Other nonadmitted assets					
22.	Aggregate write-ins for other than invested assets(e)			, ,	20, 989, 910	
23.	Total assets (Lines 9 plus 10 through 22)	52, 238, 351	2, 053, 156	50, 185, 196	59, 167, 190	
	DETAILS OF WRITE-INS					
0801.						
0802.						
0803.						
0898.	Summary of remaining write-ins for Line 8 from overflow page					
	Totals (Lines 0801 thru 0803 plus 0898)(Line 8 above)					
2201.	TennCare Amendment 7 Receivable - Operations(j), (k)	2, 458, 714		2, 458, 714	20, 044, 490	
2202.	A/R Pharmacy Rebate	2, 668, 818	1, 827, 304	841, 514	945, 420	
2203.	Prepaid Insurance	999	999			
2298.	Summary of remaining write-ins for Line 22 from overflow page(e)	23, 357	23, 357			
2299.	Totals (Lines 2201 thru 2203 plus 2298)(Line 22 above)	5, 151, 889	1, 851, 660	3, 300, 228	20, 989, 910	

⁽a) \$ health care delivery assets included in Line 4.1, Column 3.

LIABILITIES, CAPITAL AND SURPLUS

	LIABILITIES, SAI		Current Year		Prior Year
		1 Covered	2 Uncovered	3 Total	4 (b), (c) Total
1.	Claims unpaid (less \$(f), (g), (l) reinsurance ceded)	95, 543, 247		95, 543, 247	97, 815, 238
	Accrued medical incentive pool and bonus payments				
3.	Unpaid claims adjustment expenses				
4.	Aggregate policy reserves				
5.	Aggregate claim reserves				
6.	Premiums received in advance				
7.				918, 053	
8.	Federal and foreign income tax payable and interest thereon (including			,	
	\$ on realized capital gains (losses)) (including				
	\$ net deferred tax liability)				
9.	Amounts withheld or retained for the account of others				
10.	Borrowed money (including \$current) and				
	interest thereon\$(including				
	\$current)	26, 431, 115		26, 431, 115	26, 431, 115
11.	Amounts due to parent, subsidiaries and affiliates				
	Payable for securities				
	Funds held under reinsurance treaties with (\$				
10.	authorized reinsurers and \$				
	reinsurers)				
14.	Reinsurance in unauthorized companies				
	·				
15.	Net adjustments in assets and liabilities due to foreign exchange rates				
16.	Liability for amounts held under uninsured accident and health plans				
17.	Aggregate write-ins for other liabilities (including \$ current) (f), (h)			4, 795, 538	3, 840, 870
18	Total liabilities (Lines 1 to 17)				
19.	Common capital stock (i)	XXX	XXX	100, 000	100, 000
20	Preferred capital stock	xxx	XXX		
21.	Gross paid in and contributed surplus(i)	XXX	XXX	6, 447, 499	6, 447, 499
22.	Surplus notes (i)	xxx	XXX	7, 100, 000	7, 100, 000
23.	Aggregate write-ins for other than special surplus funds	xxx	XXX		
24.	Unassigned funds (surplus)(I), (m)	xxx	XXX	(91, 150, 256)	(90, 677, 011)
25.	Less treasury stock, at cost:				
	25.1shares common (value included in Line 19				
	\$	xxx	XXX		
	25.2shares preferred (value included in Line 20				
	\$	xxx	XXX		
26.	Total capital and surplus (Lines 19 to 24 Less 25)	xxx	XXX	(77, 502, 757)	(77, 029, 512)
27.	Total liabilities, capital and surplus (Lines 18 and 26)	XXX	XXX	50, 185, 196	59, 167, 190
	DETAILS OF WRITE-INS				
1701.	Premium Taxes Payable (h)	4, 059, 473		4, 059, 473	3, 304, 425
1702.	HRMP Reinsurance Premium Fund	255, 937		255, 937	185, 814
1703.	Payroll Taxes Payable	60, 020		60, 020	31, 869
1798.	Summary of remaining write-ins for Line 17 from overflow page	420, 108		420, 108	318, 761
1799.	Totals (Lines 1701 thru 1703 plus 1798) (Line 17 above)	4, 795, 538		4, 795, 538	3, 840, 870
2301.		xxx	xxx		
2302.		xxx	xxx		
2303.		xxx	xxx		
2398.	Summary of remaining write-ins for Line 23 from overflow page	xxx	xxx		
2399.	Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	xxx	XXX		

Xantus Healthplan Of Tennessee, Inc. **BALANCE SHEET SUMMARY**

As of: December 31, 2002

Part	Г		T0	1	0		GAAP	O A A D 4- OT A T	Non Admitted	STAT
Cash - Inst Trenozes Lip Port Bland of Medicinal Content	ACCETC	D + D ##	TennCare	T	Community	5000		GAAP to STAT	Non-Admitted	-
Case		Post-Petition	Pre-Petition	l otal	Plus	ESRD	l otal	Adjustments	Assets	l otal
Part		4 400 540	40.550.550	45.040.000	4.700	407.004	45.044.704			45.044.704
Transform Tran			10,559,550		4,732	197,991			-	
Section Sect			- 40.550.550		1700	- 107.001			-	
Des form FranCier - Amendment 7 - Curent Year 2,485,714 2,28		7,089,132	10,559,550	17,648,682	4,732	197,991	17,851,406	-	-	17,851,406
Tool De for PrenCise - Ameniment 7 Tool Prencise - Ameniment 7 De for Assets 7 Tool Prencise - Ameniment 7 De for Assets 7 Tool Otter - Assets 7 Tool		0.450.744		0.450.744			0.450.744			0.450.74.4
Des from Tendrecine - A-60 (Peter 17400) Microla Expanse	_		-		-	-				
Das for for for Carra - ASQ (Peter 17702) Perman Time 1564-572 1564-5			-		-	-		-	-	
Das from Perceione - 5% withfind from previous more 1,887,004			-		-	-				, ,
De la flora Mille - Elaimade Flammany Rebale 2,688,818 3,289,318 3,289		1,554,572	-	1,554,572	-	-	1,554,572	-	-	1,554,572
Transfer 10		- 0.000.040	-	- 0.000.040	-	-	- 0.000.040		4 007 004	044.544
Professional Pro		2,668,818	- (0)		-	-	, ,		1,827,304	,
December		- 04 440 440			-	-			4 007 004	
Investment Income Receivable 42,946 - 42,948 -		34,118,146	(0)	34,118,146	-	-	34,118,146	-	1,827,304	32,290,843
Pagealan Disposits and Other 43.56 74.356 74.151 74.052 74.151		40.040		40.040			40.040			40.040
Total Chief Assets Total Food Assets		,	-	,	-	-	,		-	,
Total Other Assets Total Other Assets Total Other Assets Total Charles	• • •		(474.404)		(40,400)	(00.070)	24,356		24,356	0
Part									- 01050	- 10.010
Funding Fund		367,864	(174,161)	193,703	(46,126)	(80,273)	67,304	-	24,356	42,948
Casa Accountained Depreciation Part Casa Ca		700 50-		700 505			700 55-		700 505	
Total Fixed Assetts		,	-		-	-	,		. ,	-
Claim Clai			-		-	-			(//	-
Claims Payable Catural Pay									- 1	
Catual Paula Catual Paula Paula Catual Paula	TOTAL ASSETS	41,776,639	10,385,389	52,162,027	(41,394)	117,718	52,238,351	-	2,053,155	50,185,196
Margin: 1006 files Estimate E	Claims Payable			_						
Margin: 10% of Beat Estimate		27 934 775	_	27 934 775	_	_	27 934 775			27 934 775
RERVS Adjustment: 04/11/98-03/22/800 2,300,000 2,300,000 2,300,000 2,000,003 2,000,003 2,000,003 2,000,003 2,000,003 2,000,003 2,000,003 2,000,003 2,000,003 2,000,003 2,000,003 2,000,003 2,000,003 2,000,003 2,000,003 3,395,850 3,728,737 3,728,737 3,728,737 3,728,737 3,728,737 3,728,737 3,728,737 3,728,737 3,766,4587 3,766,4587 5,702,443 5,702,443 5,002,443 5,002,443 5,002,443 5,002,443 5,002,443 5,002,443 6,002,433 6,002,433 6,002,433 6,002,433 6,002,433 6,002,433 6,002,433 6,002,433 6,002,433 6,002,433 6,002,433			_		_	_	, ,			, ,
Calima Settlements 3% of Beat Estimate, Margin and RBRNS 30,0043 907,043 907,043 907,043 33,935,850 33,935,850 33,935,850 33,935,850 10,000,000,000,000,000 10,000,000,000,000 10,000,000,000,000 10,000,000,000,000 10,000,000,000,000 10,000,000,000,000 10,000,000,000,000 10,000,000,000,000 10,000,000,000,000 10,000,000,000,000,000 10,000,000,000,000,000 10,000,000,000,000,000,000,000 10,000,000,000,000,000,000,000 10,000,000,000,000,000,000,000,000,000,							, ,			, ,
Subtool 33,935,850 - 33,935,85			•		•	-				
Permium Deficiency Reserve 01/01/02-06/30/02	, · · · · · · · · · · · · · · · · · · ·									
Parmacy - MIMs / Scrip Pharmacy Subtotal		33,933,030	_	33,933,030			33,933,030	_		33,333,030
Subbala Subb			_	_	_	_	_			_
Pharmacy - MIMs / Scrip Pharmacy 3,728,737 - 3,728,738 - 3,728,737 - 3,728,737 - 3,728,737 - 3,728,737 - 3,728,737 - 3,728,737 - 3,728,737 - 3,728,737 - 3,728,738 - 3,728,737 - 3,728,737 - 3,728,737 - 3,728,737 - 3,728,737 - 3,728,737 - 3,728,737 - 3,728,737 - 3,728,737 - 3,728,737 - 3,728,737 - 3,728,737 - 3,728,737 - 3,728,738 - 3,728,737 - 3,728,737 - 3,728,737 - 3,728,737 - 3,728,737 - 3,728,737 - 3,728,737 - 3,728,737 - 3,728,7	_	33 035 850		33 935 850			33 035 850			33 935 850
Total Claims Payable Post Petition 37,664,587 37,66					_	_				, ,
Pre-Petition Original Debt										
Community Plus (closed 01/31/01) - Fee for Service		-	57 002 443		-	_				
Figure F		-	-	-	768	_				
HCFA ESRD Program (closed 03/31/00) - Pharmacy		-	-	_	-	870 108				
Other Liabilities Total Claims Payable 37,664,587 57,002,443 94,667,030 768 875,449 95,543,247 - 95,543,247 Other Liabilities 1,173,990 - 1,173,990 - - 1,173,990 - 1,173,990 Premium Taxes 2,457,934 1,601,539 4,059,473 - - 400,128 - - 400,128 - - 400,128 - - 400,128 - - 400,128 - - 400,128 - - 400,128 - - 400,128 - - 400,128 - - 400,128 - - 400,128 - - 400,128 - - 400,128 - - 400,128 - - 400,128 - - 5,713,590 - - 5,713,590 - - 5,713,590 - - 5,713,590 - - 5,713,590 - - - - - -			_			,	,			,
Control Flabilities		37 664 587	57 002 443	94 667 030	768	- / -		-	-	
Accounts Payable and Accrued Expenses		0.,004,007	3.,302,440	3 .,307,000	700	575,-13	33,040,241			33,0-10,2-17
Premium Taxes		1.173.990	-	1,173,990	-	_	1,173,990			1,173,990
Accrued Payroll and Related Total Other Liabilities Loan from State of Tennessee Loan from State of Ten			1.601.539		_	_				
Total Other Liabilities	Accrued Payroll and Related		-		_	-	, ,			, ,
Loan from State of Tennessee			1.601.539			-		-		
Capital Stock - 100,000 100,000 - - 100,000 - - 100,000 - 127,687,952 7,100,000 - 127,687,952 7,100,000 - 127,687,952 7,100,000 - 127,687,952 7,100,000 - 127,687,952 7,100,000 - 127,687,952 7,100,000 - - 100,000 - - 100,000 - - 6,447,499 - 6,447,499 - 6,447,499 - 6,447,499 - 6,447,499 - 7,100,000 - 7,100,000 - 7,100,000 - 7,100,000 - 7,100,000 - 7,100,000 - 7,100,000 - 7,100,000 -		-			-	-				
Capital Stock - 100,000 100,000 - - 100,000 - - 100,000 - - 100,000 - - 100,000 - - 100,000 - - 100,000 - - 100,000 - - 100,000 - - 100,000 - - 100,000 - - 6,447,499 - 6,447,499 - 6,447,499 - 6,447,499 - 6,447,499 - 6,447,499 - 7,100,000 - 7,100,000 - 7,100,000 - 7,100,000 - 7,100,000 - 7,100,000 - 7,100,000 - 7,100,000 - 7,100,000 - - 7,100,000 - 7,100,000 - <t< td=""><td>Surplus Notes</td><td>-</td><td>7,100,000</td><td>7,100,000</td><td>-</td><td>-</td><td>7,100,000</td><td>7,100,000</td><td>-</td><td>· · ·</td></t<>	Surplus Notes	-	7,100,000	7,100,000	-	-	7,100,000	7,100,000	-	· · ·
Paid In Capital - 6,447,499 6,447,499 - - 6,447,499 - 6,447,499 - - 6,447,499 - 6,447,499 - - 6,447,499 - 6,447,499 - - 6,447,499 - 6,447,499 - - 6,447,499 - 6,447,499 - - 6,447,499 - - 6,447,499 - - 6,447,499 - - 6,447,499 - - - 7,100,000 - 7,100,000 - </td <td></td> <td>41,776,639</td> <td>92,135,097</td> <td>133,911,736</td> <td>768</td> <td>875,449</td> <td>134,787,952</td> <td>7,100,000</td> <td>-</td> <td>127,687,952</td>		41,776,639	92,135,097	133,911,736	768	875,449	134,787,952	7,100,000	-	127,687,952
Paid In Capital - 6,447,499 6,447,499 - - 6,447,499 - 6,447,499 - - 6,447,499 - 6,447,499 - - 6,447,499 - 6,447,499 - - 6,447,499 - 6,447,499 - - 6,447,499 - 6,447,499 - - 6,447,499 - - 6,447,499 - - 6,447,499 - - 6,447,499 - - - 7,100,000 - 7,100,000 - </td <td></td>										
Surplus Notes - - - - - - - 7,100,000 Intersegment Contribution - (576,870) 576,870 -		-		100,000	-	-			-	100,000
Intersegment Contribution		-	6,447,499	6,447,499	-	-	6,447,499		-	
Retained Earnings - (72,132,408) (72,132,408) (689,441) (793,040) (73,614,888) 2,053,155 (75,668,043) Prior Period Adjustments - (15,870,193) (15,870,193) 70,791 27,574 (15,771,829) - (15,771,829) Net Income (Loss) Current Year - 282,263 282,263 (382) 7,736 289,617 - 2953,155 (75,702,756) Total Equity - (81,749,708) (81,749,708) (42,162) (757,730) (82,549,601) (7,100,000) 2,053,155 (77,502,756)				-			-	(7,100,000)	-	7,100,000
Prior Period Adjustments - (15,870,193) (15,870,193) 70,791 27,574 (15,771,829) - (15,771,829) Net Income (Loss) Current Year - 282,263 282,263 (382) 7,736 289,617 - 289,617 Total Equity - (81,749,708) (81,749,708) (42,162) (757,730) (82,549,601) (7,100,000) 2,053,155 (77,502,756)		-			,	-	-		-	-
Net Income (Loss) Current Year - 282,263 282,263 (382) 7,736 289,617 - 289,617 Total Equity - (81,749,708) (81,749,708) (42,162) (757,730) (82,549,601) (7,100,000) 2,053,155 (77,502,756)		-							2,053,155	
Total Equity - (81,749,708) (81,749,708) (42,162) (757,730) (82,549,601) (7,100,000) 2,053,155 (77,502,756)		-							-	
		-			\ /		,		-	
TOTAL LIABILITIES AND EQUITY 41,776,639 10,385,389 52,162,027 (41,394) 117,718 52,238,351 - 2,053,155 50,185,196								. , , , ,		
	TOTAL LIABILITIES AND EQUITY	41,776,639	10,385,389	52,162,027	(41,394)	117,718	52,238,351	•	2,053,155	50,185,196

STATEMENT OF REVENUE AND EXPENSES

	STATEMENT OF REVENUE	Current		Prior Year	
		1 Uncovered	2 Total	3 Total	
1.	Member Months	XXX	1, 910, 916	1, 966, 060	
	(1)				
2.	Net premium income(j)	XXX	316, 046, 762	283, 193, 391	
3.	Change in unearned premium reserves and reserve for rate credits	XXX			
4.	Fee-for-service (net of \$medical expenses)	XXX			
5.	Risk revenue	XXX			
6.	Aggregate write-ins for other health care related revenues	XXX	337, 634	937, 922	
7.	Total revenues (Lines 2 to 6)	XXX	316, 384, 395	284, 131, 313	
	Medical and Hospital:				
8.	Hospital/medical benefits				
9.	Other professional services				
10.	Outside referrals			16, 478, 203	
11.	Emergency room and out-of-area		28, 705, 302	22, 806, 961	
12.	Prescription Drugs		63, 807, 049	46, 993, 026	
13.	Aggregate write-ins for other medical and hospital		57, 464, 649	49, 216, 667	
14.	Incentive pool and withhold adjustments			11, 323, 427	
15.	Subtotal (Lines 8 to 14)		320, 726, 900	267, 210, 017	
	Less:				
16.	Net reinsurance recoveries				
17.	Total medical and hospital (Lines 15 minus 16)		320, 726, 900	267, 210, 017	
18.	Claims adjustment expenses				
19.	General administrative expenses		25, 752, 694	24, 028, 583	
20.	Increase in reserves for accident and health contracts				
21.	Total underwriting deductions (Lines 17 through 20)		346, 479, 594	291, 238, 600	
22.	Net underwriting gain or (loss) (Lines 7 minus 21)	XXX	(30, 095, 199)	(7, 107, 287)	
23.	Net investment income earned		510, 345	2, 105, 649	
24.	Net realized capital gains or (losses)				
25.	Net investment gains or (losses) (Lines 23 + 24)		510, 345	2, 105, 649	
26.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered				
	\$) (amount charged off \$				
27.	Aggregate write-ins for other income or expenses		29, 874, 471	5, 377, 448	
28.	Net income or (loss) before federal income taxes (Lines 22 plus 25 plus 26 plus 27)		289, 617	375, 810	
29.	Federal and foreign income taxes incurred	xxx			
30.	Net income (loss) (Lines 28 minus 29)	XXX	289, 617	375, 810	
	DETAILS OF WRITE-INS				
0601.	BHO Revenue	XXX	337, 634	937, 922	
0602.		XXX			
0603.		xxx			
0698.	Summary of remaining write-ins for Line 6 from overflow page	xxx			
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	337, 634	937, 922	
1301.	Hospital Outpatient		48, 745, 639	38, 729, 427	
1302.	Anbulance / transportation		6, 369, 134	5, 060, 410	
1303.	Home health care		3, 615, 315	2, 872, 443	
1398.	Summary of remaining write-ins for Line 13 from overflow page		(1, 265, 439)	2, 554, 387	
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		57, 464, 649	49, 216, 667	
2701.	TennCare Amendment 7 Loss Recoverable (j), (k)		29, 327, 176	7, 525, 147	
2702.	Prior Period Adjustments(m)			(2, 152, 309)	
2703.	Other income		547, 294	4, 610	
2798.	Summary of remaining write-ins for Line 27 from overflow page				
2799.	Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)		29, 874, 471	5, 377, 448	

Xantus Healthplan of Tennessee, Inc. CONSOLIDATED OPERATIONS STATEMENT OF REVENUES AND EXPENSES Statement As Of: December 31, 2002

				Previous
		Current	t Year	Year
		Current	YTD	1 001
		Period	Total	Total
	MEMBER MONTHS	431,740	1,910,916	1,966,060
		,.	1,010,010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	REVENUES:			
1	TennCare Capitation (net of reinsurance ceded) (j)	77,829,976	316,046,762	283,193,391
2	Fee for Service Revenue	- 1	-	
3	Adverse Selection	_	_	_
4	Total TennCare Revenue (Lines 1 & 2)	77,829,976	316,046,762	283,193,391
5	Investment	74,175	510,345	2,110,259
6	Other Revenue	- 1,110	337,634	1,052,451
7	TOTAL REVENUES (Lines 3 to 6)	77,904,151	316,894,740	286,356,101
'	TOTAL NEVEROLS (LINGS 5 to 5)	77,001,101	010,001,710	200,000,101
	EXPENSES:			
	Medical and Hospital Services:			
8	Capitated Physician Services	685,621	2,972,645	3,627,566
9	Fee for Service Physician Services	15,574,257	69,987,924	55,661,234
10	Inpatient Hospital Services	15,260,826	68,579,423	54,487,783
11	Outpatient Services	10,847,259	48,745,639	38,729,427
12	Emergency Room Services	6,387,727	28,705,302	22,806,961
13	Mental Health Services	-	-	-
14	Dental Services	1,628,092	7,316,356	5,812,997
15	Vision Services	193,102	867,765	689,457
16	Pharmacy Services	15,761,278	63,807,049	46,993,026
17	Home Health Services	804,508	3,615,315	2,872,443
18	Chiropractic Services	-	0,010,010	2,072,440
19	Radiology Services	63,640	285,989	227,224
20	Laboratory Services	6,957	31,263	24,839
21	Durable Medical Equipment Services	1,317,173	5,919,139	4,702,879
22	Transportation Services	1,417,309	6,369,134	5,060,410
23	Outside Referrals	4,615,181	20,739,799	16,478,203
24	Medical Incentive Pool & Withhold Adjustments	4,013,101	20,733,733	11,323,427
25	Occupancy, Depreciation & Amortization	_	_	11,020,421
26	Other Medical & Hospital Services	(5,480)	(166,885)	_
27	Subtotal (Lines 8 to 26)	74,557,450	327,775,855	269,497,878
	LESS:	7 4,007,400	027,770,000	200,407,070
28		_	_	_
29	Co-payments	(220,228)	(996,614)	(855,456)
30	Subrogation & Coordination of Benefits	(2,624,297)	(6,052,341)	
31	Subtotal (Lines 28 to 30)	(2,844,525)	(7,048,955)	(2,173,331)
		(=,0::,0=0)	(1, 70, 10, 000)	(=, ,)
32	TOTAL MEDICAL & HOSPITAL (Lines 25 & 26 less 30)	71,712,925	320,726,900	267,324,547
	(= = 0 = 0	,,	5_2,: _2,: 55	
	Administration:			
33	Compensation	3,013,088	11,357,428	9,879,629
34	Marketing	-	-	-
35	Interest Expense	-	-	-
36	Premium Tax Expense	2,169,972	6,712,141	5,666,520
37	Occupancy, Depreciation and Amortization	300,629	1,470,456	1,239,226
38	Other Administration	1,709,352	6,212,669	7,243,209
		, ,	, ,	, ,
39	TOTAL ADMINISTRATION (Lines 33 to 38)	7,193,042	25,752,694	24,028,583
40	TOTAL EXPENSES (Lines 32and 39)	78,905,967	346,479,594	291,353,130
41	TennCare Amendment 7 Recoverable (j)(k)	(1,021,649)	(29,327,176)	(7,525,147)
41a	, ,	-	(527,078)	2,152,309
41b	Miscellaneous Income	(11,974)	(20,216)	-
42	Prior Period Adjustments (m)	-	-	2,152,309
43	NET INCOME (LOSS) (Lines 6 less Lines 40, 41 and 42)	31,807	289,617	375,808

Xantus Healthplan of Tennessee, Inc. TENNCARE CONSOLIDATED OPERATIONS STATEMENT OF REVENUES AND EXPENSES Statement As Of: December 31, 2002

		Curren	t Year	Previous Year
		Current	YTD	
	MEMBER MONTHS	Period 431,740	Total 1,910,916	Total 1,966,060
	MEMBER MORTHS	101,710	1,010,010	1,000,000
1 2	REVENUES: TennCare Capitation (net of reinsurance ceded) (j) Fee for Service Revenue	77,829,976 -	316,046,762	283,193,391
3	Adverse Selection	-	-	-
4	Total TennCare Revenue (Lines 1 & 2)	77,829,976	316,046,762	283,193,391
5 6	Investment Other Revenue - BHO	74,175	510,345	2,110,259
7	TOTAL REVENUES (Lines 3 to 6)	77,904,151	337,634 316,894,740	1,052,451 286,356,101
	EXPENSES:			
	Medical and Hospital Services:			
8	Capitated Physician Services	685,621	2,972,645	3,627,566
9	Fee for Service Physician Services	15,574,257	69,987,924	55,606,866
10	Inpatient Hospital Services	15,260,826	68,579,423	54,487,783
11	Outpatient Services	10,847,259	48,745,639	38,729,427
12	Emergency Room Services	6,387,727	28,705,302	22,806,961
13	Mental Health Services	-	-	-
14	Dental Services	1,628,092	7,316,356	5,812,997
15	Vision Services	193,102	867,765	689,457
16	Pharmacy Services	15,761,278	63,807,049	46,993,026
17	Home Health Services	804,508	3,615,315	2,872,443
18	Chiropractic Services	-	-	-
19	Radiology Services	63,640	285,989	227,224
20	Laboratory Services	6,957	31,263	24,839
21	Durable Medical Equipment Services	1,317,173	5,919,139	4,702,879
22	Transportation Services	1,417,309	6,369,134	5,060,410
23	Outside Referrals	4,615,181	20,739,799	16,478,203
24	Medical Incentive Pool & Withhold Adjustments	-	-	11,323,427
25	Occupancy, Depreciation & Amortization	- ()	-	-
26	Other Medical & Hospital Services	(5,506)	(166,911)	-
27	Subtotal (Lines 8 to 26)	74,557,424	327,775,829	269,443,510
00	LESS:			
28	Net Excess Loss Recoveries Incurred	(000,000)	(000 04.4)	(055.450)
29	Copayments	(220,228)	(996,614)	
30 31	Subrogation & Coordination of Benefits	(2,624,297) (2,844,525)	(6,052,341)	
31	Subtotal (Lines 28 to 30)	, , ,	(7,048,955)	(2,173,331)
32	TOTAL MEDICAL & HOSPITAL (Lines 25 & 26 less 30)	71,712,899	320,726,874	267,270,179
	Administration:			
33	Compensation	3,013,088	11,357,428	9,879,629
34	Marketing	-	-	-
35	Interest Expense	-	-	-
36	Premium Tax Expense	2,169,972	6,712,141	5,666,520
37	Occupancy, Depreciation and Amortization	300,629	1,470,456	1,239,226
38	Other Administration	1,709,326	6,212,313	7,243,684
39	TOTAL ADMINISTRATION (Lines 33 to 38)	7,193,016	25,752,338	24,029,058
40	TOTAL EXPENSES (Lines 32and 39)	78,905,915	346,479,212	291,299,237
41	TennCare Amendment 7 Recoverable (j)(k)	(1,021,649)	(29,327,176)	(7,525,147)
41a	Extraordinary Gain-Navigant Settlement	-	(527,078)	
41b	Miscellaneous Income	(11,974)	(12,480)	
42	Prior Period Adjustments (m)	-	-	1,995,280
43	NET INCOME (LOSS) (Lines 6 less Lines 40, 41 and 42)	31,859	282,263	586,730

Xantus Healthplan of Tennessee, Inc.

TENNCARE POST-PETITION OPERATIONS STATEMENT OF REVENUES AND EXPENSES Statement As Of: December 31, 2002

				Previous
		Current Year		Year
		Current	YTD	
	MEMBER MONTHS	Period	Total	Total
	MEMBER MONTHS	431,740	1,910,916	1,966,060
	DEVENUES.			
1	REVENUES: TennCare Capitation (net of reinsurance ceded) (j)	77,829,976	316,046,762	283,204,240
2	Fee for Service Revenue	11,029,910	510,040,702	203,204,240
3	Adverse Selection	_	-	_
4	Total TennCare Revenue (Lines 1 & 2)	77,829,976	316,046,762	283,204,240
5	Investment	47,822	394,974	1,543,167
6	Other Revenue - BHO	-	337,634	937,922
7	TOTAL REVENUES (Lines 3 to 6)	77,877,798	316,779,369	285,685,329
	EXPENSES:			
	Medical and Hospital Services: Capitated Physician Services	605 604	2.072.645	3,627,566
8 9	Fee for Service Physician Services	685,621 15,574,257	2,972,645 69,987,924	55,606,866
10	Inpatient Hospital Services	15,260,826	68,579,423	54,487,783
11	Outpatient Services	10,847,259	48,745,639	38,729,427
12	Emergency Room Services	6,387,727	28,705,302	22,806,961
13	Mental Health Services	-	-	-
14	Dental Services	1,628,092	7,316,356	5,812,997
15	Vision Services	193,102	867,765	689,457
16	Pharmacy Services	15,761,278	63,807,049	46,993,026
17	Home Health Services	804,508	3,615,315	2,872,443
18	Chiropractic Services	- 00.040	- 005	- 007.004
19 20	Radiology Services Laboratory Services	63,640 6,957	285,989 31,263	227,224 24,839
21	Durable Medical Equipment Services	1,317,173	5,919,139	4,702,879
22	Transportation Services	1,417,309	6,369,134	5,060,410
23	Outside Referrals	4,615,181	20,739,799	16,478,203
24	Medical Incentive Pool & Withhold Adjustments	,, -	-,,	11,323,427
25	Occupancy, Depreciation & Amortization			-
26	Other Medical & Hospital Services			-
27	Subtotal (Lines 8 to 26)	74,562,930	327,942,740	269,443,510
	LESS:			
28	Net Excess Loss Recoveries Incurred	(222.222)	(000 04 4)	(055.450)
29 30	Copayments Subrogation & Coordination of Benefits	(220,228)	(996,614)	(855,456)
31	Subtotal (Lines 28 to 30)	(2,624,297) (2,844,525)	(6,052,341) (7,048,955)	(1,317,875) (2,173,331)
	Cubicial (Lines 20 to 30)	(2,044,020)	(1,040,555)	(2,170,001)
32	TOTAL MEDICAL & HOSPITAL (Lines 25 & 26 less 30)	71,718,405	320,893,785	267,270,179
	(, ,	,,	
	Administration:			
33	Compensation	3,013,088	11,357,428	9,879,629
34	Marketing	-	-	-
35	Interest Expense	-		-
36	Premium Tax Expense	2,169,972	6,712,141	5,666,520
37	Occupancy, Depreciation and Amortization	300,629	1,470,456	1,239,226
38	Other Administration	1,709,326	6,212,293	7,242,243
39	TOTAL ADMINISTRATION (Lines 33 to 38)	7,193,016	25,752,318	24,027,617
55	TOTAL ADMINISTRATION (Lines 35 to 50)	7,155,010	25,752,510	24,027,017
40	TOTAL EXPENSES (Lines 32and 39)	78,911,421	346,646,103	291,297,796
	,	, ,	, ,	, ,
41	TennCare Amendment 7 Recoverable (j)(k)	(1,021,649)	(29,327,176)	(7,525,147)
	Extraordinary Gain-Navigant Settlement	-	(527,078)	
41b		(11,974)	(12,480)	
42	Prior Period Adjustments (m)	-	-	1,912,680
40	NET INCOME (LOSS) (Linea 6 loss Linea 40, 44 and 40)			
43	NET INCOME (LOSS) (Lines 6 less Lines 40, 41 and 42)	-	-	-

Xantus Healthplan of Tennessee, Inc. TENNCARE PRE-PETITION OPERATIONS STATEMENT OF REVENUES AND EXPENSES Statement As Of: December 31, 2002

		Curren	nt Year	Previous Year
		Current Period	YTD Total	Total
	MEMBER MONTHS	-	-	-
	REVENUES:			
1	TennCare Capitation	_	_	(10,849)
2	Fee for Service Revenue	-	-	(10,043)
3	Adverse Selection	-	-	-
4	Total TennCare Revenue (Lines 1 & 2)	-	-	(10,849)
5	Investment	26,353	115,372	567,092
6 7	Other Revenue TOTAL REVENUES (Lines 3 to 6)	26,353	115,372	114,529 670,771
'	TOTAL NEVEROLS (Lines 3 to 0)	20,333	110,012	070,771
	EXPENSES:			
	Medical and Hospital Services:			
8	Capitated Physician Services	-	-	-
9	Fee for Service Physician Services Inpatient Hospital Services	-	-	-
10 11	Outpatient Services	-	-	
12	Emergency Room Services	_	-	_
13	Mental Health Services	-	-	-
14	Dental Services	-	-	-
15	Vision Services	-	-	-
16	Pharmacy Services	-	-	-
17 18	Home Health Services Chiropractic Services	-	-	_
19	Radiology Services	-	- -	_
20	Laboratory Services	-	-	-
21	Durable Medical Equipment Services	-	-	-
22	Transportation Services	-	-	-
23	Outside Referrals	-	-	-
24 25	Medical Incentive Pool & Withhold Adjustments Occupancy, Depreciation & Amortization	-	-	-
26	Other Medical & Hospital Services	(5,506)	- (166,911)	_
27	Subtotal (Lines 8 to 26)	(5,506)	(166,911)	-
	LESS:	,	,	
28		-	-	-
29	Copayments	-	-	-
30 31	Subrogation & Coordination of Benefits Subtotal (Lines 28 to 30)	-	-	-
31	Subtotal (Lines 20 to 30)	_	_	
32	TOTAL MEDICAL & HOSPITAL (Lines 25 & 26 less 30)	(5,506)	(166,911)	-
00	Administration:			
33 34	Compensation Marketing	-	-	-
35	Interest Expense	-	-	_
36	Premium Tax Expense	-	-	-
37	Occupancy, Depreciation and Amortization	-	-	-
38	Other Administration	-	20	1,441
39	TOTAL ADMINISTRATION (Lines 33 to 38)	_	20	1,441
39	TOTAL ADMINISTRATION (Lines 33 to 36)	_		1,441
40	TOTAL EXPENSES (Lines 32and 39)	(5,506)	(166,891)	1,441
41		_	-	_
41a		-	-	-
41b		-	-	-
42	Prior Period Adjustments (m)	-	-	82,600
43	NET INCOME (LOSS) (Lines 6 less Lines 40, 41 and 42)	31,859	282,263	586,730

Xantus Healthplan of Tennessee, Inc. COMMERCIAL OPERATIONS STATEMENT OF REVENUES AND EXPENSES Statement As Of: December 31, 2002

		Currer	nt Year	Previous Year
		Current Period	YTD Total	Total
	MEMBER MONTHS	-	-	-
	DEVENUE			
1	REVENUES: Premium Revenue			
2	Fee for Service Revenue	_	- -	
3	Adverse Selection	_	-	
4	Total TennCare Revenue (Lines 1 & 2)	-	-	-
5	Investment	-	-	
6	Other Revenue	-	-	
7	TOTAL REVENUES (Lines 3 to 6)	-	-	-
	EXPENSES:			
	Medical and Hospital Services:			
8	Capitated Physician Services	-	-	
9	Fee for Service Physician Services	-	-	36,348
10	Inpatient Hospital Services	-	-	
11	Outpatient Services	-	-	
12	Emergency Room Services	-	-	
13	Mental Health Services	-	-	
14 15	Dental Services Vision Services	-	-	
16	Pharmacy Services	_	_	
17	Home Health Services	_	-	
18	Chiropractic Services	-	-	
19	Radiology Services	-	-	
20	Laboratory Services	-	-	
21	Durable Medical Equipment Services	-	-	
22	Transportation Services	-	-	
23	Outside Referrals	-	-	
24 25	Medical Incentive Pool & Withhold Adjustments	-	-	
26	Occupancy, Depreciation & Amortization Other Medical & Hospital Services	26	26	
27	Subtotal (Lines 8 to 26)	26	26	36,348
	LESS:	20	20	00,010
28	Net Excess Loss Recoveries Incurred	-	-	
29	Copayments	-	-	
30	Subrogation & Coordination of Benefits	-	-	
31	Subtotal (Lines 28 to 30)	-	-	-
32	TOTAL MEDICAL & HOSPITAL (Lines 25 & 26 less 30)	26	26	36,348
02	TOTAL MEDICAL WITCOI TIME (LINES 25 & 20 1055 50)	20	20	00,040
	Administration:			
33	Compensation	-	-	
34	Marketing	-	-	
35	Interest Expense	-	-	
36	Premium Tax Expense	-	-	
37 38	Occupancy, Depreciation and Amortization Other Administration	26	356	(475)
30	Other Administration	20	330	(473)
39	TOTAL ADMINISTRATION (Lines 33 to 38)	26	356	(475)
40	TOTAL EXPENSES (Lines 32and 39)	52	382	35,873
41	TennCare Amendment 7 Recoverable (j)(k)	-	-	
41a	Missallanasus Income	-	-	
41b	Miscellaneous Income	-	-	
42	Prior Period Adjustments (m)	-	-	
43	NET INCOME (LOSS) (Lines 6 less Lines 40, 41 and 42)	(52)	(382)	(35,873)

Xantus Healthplan of Tennessee, Inc. ESRD OPERATIONS STATEMENT OF REVENUES AND EXPENSES Statement As Of: December 31, 2002

		Currer	nt Year	Previous Year
		Current Period	YTD Total	
	MEMBER MONTHS	-	-	-
	REVENUES:			
1 2	Premium Revenue Fee for Service Revenue	-	-	
3	Adverse Selection	_	-	
4	Total TennCare Revenue (Lines 1 & 2)			_
5	Investment	_	_	
6	Other Revenue	-	_	
7	TOTAL REVENUES (Lines 3 to 6)	-	-	-
	EXPENSES:			
	Medical and Hospital Services:			
8 9	Capitated Physician Services Fee for Service Physician Services	-	-	18,020
10	Inpatient Hospital Services	_		10,020
11	Outpatient Services	_	_	
12	•	_	_	
13		-	_	
14		-	-	
15	Vision Services	-	-	
16		-	-	
17		-	-	
18	•	-	-	
	Radiology Services	-	-	
	Laboratory Services	-	-	
21	Durable Medical Equipment Services Transportation Services	-	-	
23	•	_		
24		_		
25	· ·	_	_	
26	Other Medical & Hospital Services	-	_	
27		-	-	18,020
	LESS:			
	Net Excess Loss Recoveries Incurred	-	-	
29	Copayments	-	-	
30	Subrogation & Coordination of Benefits	-	-	
31	Subtotal (Lines 28 to 30)	-	-	-
32	TOTAL MEDICAL & HOSPITAL (Lines 25 & 26 less 30)	-	-	18,020
	(Emiss 28 & 28 1888 88)			10,020
	Administration:			
33	Compensation	-	-	
34	Marketing	-	-	
35	Interest Expense	-	-	
36	Premium Tax Expense	-	-	
37	Occupancy, Depreciation and Amortization Other Administration	-	-	
38	Other Administration	-	-	
39	TOTAL ADMINISTRATION (Lines 33 to 38)	-	-	-
40	TOTAL EXPENSES (Lines 32and 39)	-	-	18,020
41		-	-	
41a		-	-	
	Miscellaneous Income	-	(7,736)	
42	Prior Period Adjustments (m)	-	-[157,029
43	NET INCOME (LOSS) (Lines 6 less Lines 40, 41 and 42)	-	7,736	(175,049)

CAPITAL AND SURPLUS ACCOUNT

	CAPITAL AND SURPLUS ACCOUN		1
		1 Current Year	2 (b), (c) Prior Year
	CAPITAL AND SURPLUS ACCOUNT:		
31.	Capital and surplus prior reporting year(i)	(77, 029, 512)	(79, 732, 820)
	GAINS AND LOSSES TO CAPITAL & SURPLUS:		
32.	Net income or (loss) from Line 30	289, 617	375, 810
33.	Change in valuation basis of aggregate policy and claim reserve		
34.	Net unrealized capital gains and losses		
35.	Change in net unrealized foreign exchange capital gain or (loss)		
36.	Change in net deferred income tax		
37.	Change in nonadmitted assets	(762, 862)	18, 099, 327
38.	Change in unauthorized reinsurance		
39.	Change in treasury stock		
40.	Change in surplus notes		
41.	Cumulative effect of changes in accounting principles		
42.	Capital Changes:		
	42.1 Paid in		
	42.2 Transferred from surplus (Stock Dividend)		
	42.3 Transferred to surplus		
43.	Surplus adjustments:		
	43.1 Paid in		
	43.2 Transferred to capital (Stock Dividend)		
	43.3 Transferred from capital		
44.	Dividends to stockholders		
45.	Aggregate write-ins for gains or (losses) in surplus		(15, 771, 829)
46.	Net change in capital & surplus (Lines 32 to 45)	(473, 245)	2, 703, 308
47.	Capital and surplus end of reporting year (Line 31 plus 46)	(77, 502, 757)	(77, 029, 512)
	DETAILS OF WRITE-INS		
4501.	Prior Period Adjustment - Due from Xantus Corp(i), (m)		(14, 498, 641)
4502.	Prior Period Adjustment - Provider Advances(m)		(49, 923)
4503.	Prior Period Adjustment - BHO Capitation (m)		(130, 025)
4598.	Summary of remaining write-ins for Line 45 from overflow page		(1, 093, 240)
4599.	Totals (Lines 4501 thru 4503 plus 4598) (Line 45 above)		(15, 771, 829)

CASH FLOW

		1 Current Year	2 Prior Year
	Cash from Operations		
1	Premiums and revenues collected net of reinsurance	335, 453, 871	287, 015, 418
	Claims and claims adjustment expenses		256, 143, 191
	General administrative expenses paid		23, 846, 275
	Other underwriting income (expenses)		
	Net investment income		2, 709, 802
	Other income (expenses)		
	Federal and foreign income taxes (paid) recovered		
			15, 367, 487
Э.	Net cash from operations (Lines 5 to 8)	(10, 010, 970)	13, 307, 407
40	Cash from Investments		
10.	Proceeds from investments sold, matured or repaid:	0 100 000	207 200
	10.1 Bonds		385, 000
	10.2 Stocks		
	10.3 Mortgage loans		
	10.4 Real estate		
	10.5 Other invested assets		
	10.6 Net gains or (losses) on cash and short-term investments		
	10.7 Miscellaneous proceeds		
	10.8 Total investment proceeds (Lines 10.1 to 10.7)	2, 097, 935	385, 000
11.	Cost of investments acquired (long-term only):		
	11.1 Bonds	2, 400, 000	200, 000
	11.2 Stocks		
	11.3 Mortgage loans		
	11.4 Real estate		
	11.5 Other invested assets		
	11.6 Miscellaneous applications		
	11.7 Total investments acquired (Lines 11.1 to 11.6)	2,400,000	200,000
12.	Net Cash from investments (Line 10.8 minus Line 11.7)	(302, 065)	185,000
	Cash from Financing and Miscellaneous Sources		
13.	Cash provided:		
	13.1 Surplus notes, capital and surplus paid in		
	13.2 Net transfers from affiliates		
	13.3 Borrowed funds received		
	13.4 Other cash provided		1, 187, 684
	13.5 Total (Lines 13.1 to 13.4)		1, 187, 684
14.	Cash applied:		
	14.1 Dividends to stockholders paid		
	14.2 Net transfers to affiliates		
	14.3 Borrowed funds repaid		
	14.4 Other applications		7, 794, 834
	14.5 Total (Lines 14.1 to 14.4)		7, 794, 834
15.	Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5)		(6, 607, 150)
	RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
16.	Net change in cash and short-term investments (Line 9 plus Line 12 plus Line 15)	(18, 919, 043)	8, 945, 337
17.	Cash and short-term investments:		
	17.1 Beginning of year	34, 163, 834	25, 218, 497
	17.2 End of year (Line 16 plus Line 17.1)	15, 244, 791	34, 163, 834

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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS (Gain and Loss Exhibit)

	/\\\\ <u>\</u>			10110 01			1120 (00	aiii aiia L	LOSS EXII	181t <i>)</i>			
	1	2 Comprehensive (Hospital &	3	4 Medicare	5 Dental	6 Vision	7 Federal Employees Health	8 Title XVIII	9 Title XIX	10	11 Disability	12 Long-term	13
	Total	Medical)	Medical Only	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Stop Loss	Income	Care	Other
Net premium income	316, 046, 762								316, 046, 762				
Change in unearned premium reserves and reserve for rate credit													
Fee-for-service (net of \$ medical expenses)													
4. Risk revenue													
Aggregate write-ins for other health care related revenues	337, 634								337, 634				
Aggregate write-ins for other health care related revenues Total revenues (Lines 1 to 5)	316, 384, 395								316, 384, 395				
7. Medical/hospital benefits	141, 539, 992								141, 539, 992				
Other professional services	8, 470, 109		<u> </u>	<u> </u>		†	- 	†	8, 470, 109				
Outside referrals	20, 739, 799								20, 739, 799				
Outside relevants To Emergency room and out-of-area	28, 705, 302								28, 705, 302				
11. Prescription Drugs	63, 807, 049					1			63, 807, 049				
Aggregate write-ins for other medical and hospital	57, 464, 649)						57, 461, 913				5, 200
Incentive pool and withhold adjustments		(2, 101,	,						101,010				, 200
14. Subtotal (Lines 7 to 13)	320, 726, 900	(2, 464))						320, 724, 164				.5, 200
15. Net reinsurance recoveries	,,	(-,,	,										,
16. Total medical and hospital (Lines 14 minus 15)	320, 726, 900	(2, 464))						320, 724, 164				.5, 200
17. Claims adjustment expenses													·
18. General administrative expenses	25, 752, 694								25, 752, 694				
19. Increase in reserves for accident and health contracts													
20. Total underwriting deductions (Lines 16 to 19)	346, 479, 594	(2, 464))						346, 476, 858				5, 200
21. Total underwriting gain or (loss) (Line 6 minus Line 20)	(30, 095, 199)	2, 464							(30, 092, 463)				(5, 200)
DETAILS OF WRITE-INS													
0501. BHO Revenue.	337, 634								337, 634				
0502	,												
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page													
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	337, 634								337, 634				
1201. Hospital Outpatient	48, 745, 639								48, 745, 639				
1202. Ambulance / Transportation	6, 369, 134								6, 369, 134				
1203. Home Health Care	3, 615, 315								3, 615, 315				
1298. Summary of remaining write-ins for Line 12 from overflow page	(1, 265, 439	(2, 464))						(1, 268, 175)				5, 200
1299 Totals (Lines 1201 thru 1203 plus 1298) (Line 12 above)	57 464 649	(2 464	1						57 461 913			1	5 200

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

PART 1 - PREMIUMS	<u></u>			
	1	2	3	4
				Net Premium
	Direct	Reinsurance	Reinsurance	Income
Line of Business	Business	Assumed	Ceded	(Cols. 1+2-3)
End of Business	Buoinoco	7100011100	Codod	(0010: 112 0)
Comprehensive (medical and hospital)				
Medicare Supplement				
3. Pontal Only				
3. Dental Only				
4. Vision Only				
5. Federal Employees Health Benefits Plan Premiums				
6. Title XVIII - Medicare				
6. Title Aviii - Medicare				
7. Title XIX - Medicaid	316, 314, 246		267, 485	316, 046, 762
			,	, ,,,,,
8. Other				
O. Tarak	316, 314, 246		267, 485	216 046 769
9. Totals	310, 314, 240		207, 483	316, 046, 762

UNDERWRITING AND INVESTMENT EXHIBIT

		PART 2 - Cla	ims Incurred D	ouring the Year	<u> </u>				
	1 Total	2 Comprehensive (Medical & Hospital)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan Premium	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
Payments during the year:									
1.1 Direct	329, 228, 697							329, 228, 697	
1.2 Reinsurance assumed									
1.3 Reinsurance ceded									
1.4 Net	329, 228, 697							329, 228, 697	
Paid medical incentive pools and bonuses	6, 528, 737							6, 528, 737	
3. Claim liability December 31, current year from Part 2A:									
3.1 Direct	95, 543, 247	768						94, 667, 030	875, 449
3.3 Reinsurance assumed									
3.3 Reinsurance ceded									
3.4 Net	95, 543, 247	768						94, 667, 030	875, 449
Claim reserve December 31, current year from Part 2D: 4.1 Direct									
4.2 Reinsurance assumed									
4.3 Reinsurance ceded									
4.4 Net									
5. Accrued medical incentive pools and bonuses, current year									
6. Amounts recoverable from reinsurers December 31, current year									
7. Claim liability December 31, prior year from Part 2A:									
7.1 Direct	104, 045, 044	3, 232						103, 171, 563	870, 249
7.2 Reinsurance assumed									
7.3 Reinsurance ceded									
7.4 Net	104, 045, 044	3, 232						103, 171, 563	870, 249
8. Claim reserve December 31, prior year from Part 2D:									
8.1 Direct									
8.2 Reinsurance assumed									
8.3 Reinsurance ceded									
8.4 Net									
Accrued medical incentive pools and bonuses, prior year	6, 528, 737							6, 528, 737	
10. Amounts recoverable from reinsurers December 31, prior year									
11. Incurred Benefits:									
11.1 Direct	320, 726, 900	(2, 464)						320, 724, 164	5, 200
11.2 Reinsurance assumed									
11.3 Reinsurance ceded									
11.4 Net	320, 726, 900	(2, 464)						320, 724, 164	5, 200
12. Incurred medical incentive pools and bonuses		(-,, 2)						,,	2,200

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UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - Claims Liability End of Current Year

				nd of Current to			•		
	1	2 Comprehensive (Medical &	3 Medicare	4 Dental	5 Vision	6 Federal Employees Health Benefits Plan	7 Title XVIII	8 Title XIX	9
	Total	Hospital)	Supplement	Only	Only	Premium	Medicare	Medicaid	Other
Reported in Process of Adjustment: 1.1. Direct	63, 907, 397	768						63, 031, 180	875, 449
1.2. Reinsurance assumed									
1.3. Reinsurance ceded									
1.4. Net	63, 907, 397	768						63, 031, 180	875, 449
2. Incurred but Unreported:	04.007.070							24 225 250	
2.1. Direct	31, 635, 850							31, 635, 850	
2.2. Reinsurance assumed									
2.3. Reinsurance ceded									
2.4. Net	31, 635, 850							31, 635, 850	
Amounts Withheld from Paid Claims and Capitations: 3.1. Direct									
3.1. Direct									
3.3. Reinsurance ceded									
3.4. Net									
4. TOTALS:									
4.1. Direct	95, 543, 247	768						94, 667, 030	875, 449
4.2. Reinsurance assumed									
4.3. Reinsurance ceded									
4.4. Net	95, 543, 247	768						94, 667, 030	875, 449

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STATEMENT AS OF ANNUAL STATEMENT FOR THE YEAR 2002 OF THE XANTUS Healthplan of Tennessee, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

PART 2B - ANALYSIS OF CLAIMS UNPAID - PR	IOR YEAR - NE	I OF REINSURA	ANCE			
				aim Liability Dec. 31 of	5	6
	Claims Paid D	uring the Year		nt Year		
	1	2	3	4		Estimated Claim
						Reserve and Claim
	On Claims Incurred		On Claims Unpaid		Claims Incurred	Liability
	Prior to January 1	On Claims Incurred	December 31 of	On Claims Incurred	in Prior Years	December 31 of
Line of Business	of Current Year	During the Year	Prior Year	During the Year	(Columns 1 + 3)	Prior Year
Comprehensive (medical and hospital)						
Comprehensive (medical and hospital)						
2. Medicare Supplement						
···		Ī				Ī
Dental Only						
4. Vision Only.						
5. Federal Employees Health Benefits Plan Premiums						
5. Tederal Employees Treatilit Benefits Fran Frantiums						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid	39, 137, 015	290, 091, 682	60, 055, 354	34, 611, 677	99, 192, 369	96, 941, 757
			070 910		070 910	079 401
8. Other			876, 218		876, 218	873, 481
9. Subtotal	39, 137, 015	290, 091, 682	60, 931, 572	34, 611, 677	100, 068, 587	97, 815, 238
0. 000000				01, 011, 077		
10. Medical incentive pools, accruals and disbursements	6, 528, 737				6, 528, 737	6, 528, 737
•						
11. Totals	45, 665, 752	290, 091, 682	60, 931, 572	34, 611, 677	106, 597, 324	104, 343, 975

Pt 2C - Sn A - Paid Claims - HM NONE

Pt 2C - Sn A - Paid Claims - MS NONE

Pt 2C - Sn A - Paid Claims - DO NONE

Pt 2C - Sn A - Paid Claims - VO
NONE

Pt 2C - Sn A - Paid Claims - FE NONE

Pt 2C - Sn A - Paid Claims - XV NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS (000 Omitted)

Section A - Paid Claims - Title XIX Medicaid

COULDITY 1 and Claims 11th AIX incursured								
	Net Amounts Paid							
	1	2	3	4	5			
Year in Which Losses Were Incurred	1998	1999	2000	2001	2002			
1. Prior								
2. 1998								
3. 1999	XXX	83, 309	25, 106	141	(41)			
4. 2000	XXX	XXX	120, 557	15, 001	267			
5. 2001	XXX	XXX	XXX	176, 427	31, 886			
6. 2002	XXX	XXX	XXX	XXX	227, 049			

Section B - Incurred Claims- Title XIX Medicaid

	Sum of	Net Amount Paid and 0	Claim Liability and Rese	rve Outstanding at End	of Year
	1	2	3	4	5
Year in Which Losses Were Incurred	1998	1999	2000	2001	2002
1. Prior					
2. 1998.					
3. 1999	XXX	83, 309	108, 415	108, 556	108, 515
4. 2000	XXX	XXX	120, 557	135, 558	135, 830
5. 2001	XXX	XXX	XXX	176, 427	209, 042
6. 2002	XXX	XXX	XXX	XXX	257, 044

Section C - Incurred Year Claims and Claims Adjustment Expense Ratio - Title XIX Medicaid

	1	2	3	4	5 Claim and Claim	6	7	8	9 Total Claims and	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claim Payments	Claim Adjus It t Expens Paymen	Col 3/2	Adjustment ———————————————————————————————————	Col. (5/1) Percent	Claims Unpaid	Unpaid Claim Adjustment Expenses	Claims Adjustment Expense Incurred (Col. 5+7+8)	Col. (9/1) Percent
1. Prior to 1998	XXX	Ciaiii i ayinenis	i ayınıcıı 🕳 🗨	XXX	2+3)	XXX	Ciairis Oripaid	Expenses	(001. 3+1+0)	XXX
2. 1998										
3. 1999										
4. 2000										
5. 2001										
6. 2002										
7. Total (Lines 1 through 6)	XXX			XXX		XXX				XXX
8. Total (Lines 2 through 6)	·	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Pt 2C - Sn A - Paid Claims - OT NONE

Pt 2C - Sn A - Paid Claims - GT NONE

Pt 2C - Sn B - Incurred Claims - HM NONE

Pt 2C - Sn B - Incurred Claims - MS NONE

Pt 2C - Sn B - Incurred Claims - DO NONE

Pt 2C - Sn B - Incurred Claims - VO NONE

Pt 2C - Sn B - Incurred Claims - FE NONE

Pt 2C - Sn B - Incurred Claims - XV NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS

	1 1	2	3	4	ALTH CONTRA	1 6	7	8	9
	'	Comprehensive		'		Federal Employees	,		
	Total	(Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
			T	Ī	POLICY RESERVE		1	1	
Unearned premium reserves									
2. Additional policy reserves (a)									
Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including									
\$ for investment income)									
5. Aggregate write-ins for other policy reserves									ļ
6. Totals (Gross)									
7. Reinsurance ceded									ļ
8. Totals (Net)(Page 3, Line 4)									
			ON		CLAIM RESERVE				
Present value of amounts not yet due on claims									
Reserve for future contingent benefits									
Aggregate write-ins for other claim reserves									
12. Totals (Gross)									
13. Reinsurance ceded									
14. Totals (Net)(Page 3, Line 5)									
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page									
0599. TOTALS (Lines 0501 thru 0503 plus 0598) (Line 5 above)									
1101									
1102									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page									
1199. TOTALS (Lines 1101 thru 1103 plus 1198) (Line 11 above)									

(a) Includes \$ _____ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	PART 3 - ANAL	YSIS OF EXP			
		1 Claim Adjustment Expenses	2 General Administration Expenses	3 Investment Expenses	4 Total
1.	Rent (\$for occupancy of own building)		962, 951		962, 951
2.	Salaries, wages and other benefits				10, 701, 553
3.	Commissions (less \$ ceded plus				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	\$assumed)				
4.	Legal fees and expenses		1		491, 134
5.	Certifications and accreditation fees.				79, 783
6.	Auditing, actuarial and other consulting services.				541, 929
	Traveling expenses		1		88, 055
8.	Marketing and advertising.		1		1, 252
9.	Postage, express and telephone		1		664, 636
10.	Printing and office supplies.				
	Occupancy, depreciation and amortization				541,873
	Equipment		1		341, 873
12.					
	Cost or depreciation of EDP equipment and software				
14.	Outsourced services including EDP, claims, and other services				2, 467, 657
15.	Boards, bureaus and association fees.				
16.	Insurance, except on real estate		1		56, 753
	Collection and bank service charges				8, 680
18.	Group service and administration fees				
19.	Reimbursements by uninsured accident and health plans				
20.	Reimbursements from fiscal intermediaries.		-		
21.	Real estate expenses				
22.	Real estate taxes				
23.	Taxes, licenses and fees:				
	23.1 State and local insurance taxes.		15		15
	23.2 State premium taxes.		6, 712, 141		6, 712, 141
	23.3 Regulatory authority licenses and fees				
	23.4 Payroll taxes.		655, 874		655, 874
	23.5 Other (excluding federal income and real estate taxes)				
24.	Investment expenses not included elsewhere		131,410		131, 410
25.	Aggregate write-ins for expenses				
26.	Total expenses incurred (Lines 1 to 25)		25, 752, 694		(a)25, 752, 694
27.	Add expenses unpaid December 31, prior year		1, 580, 742		1, 580, 742
28.	Less expenses unpaid December 31, current year		918, 053		918, 053
29.	Amounts receivable related to uninsured accident and health plans, prior year				
30.	Amounts receivable related to uninsured accident and health plans, current year				
31.	Total expenses paid (Lines 26 + 27 - 28 - 29 + 30)		26, 415, 383		26, 415, 383
	DETAIL OF WRITE-INS				
2501.	Federal Income Tax		 		
2502.					
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page		-		
2599.	Totals (Line 2501 thru 2503 plus 2598)(Line 25 above)				

a) In	cludes management fees of \$	to affiliates and \$	to non-affiliates.
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EXHIBIT OF NET INVESTMENT INCOME

	EXHIBIT OF NET INVESTMENT IN	1 Colle During	cted		2 arned ing Year
1. 1.1	U.S. Government bonds Bonds exempt from U.S. tax	(a) (a)			
1.2	Other bonds (unaffiliated)	(a)			
1.3 2.1	Bonds of affiliates	(a) (b)			
		(b)			
2.2	Common stocks (unaffiliated)	` '			
2.21	Common stocks of affiliates				
3.	Mortgage loans	(c)			
4.	Real estate				
5.	Contract loans.		£10 945		£10 945
6. 7.	Cash/short-term investments Derivative instruments				510, 345
8.	Other invested assets				
9.	Aggregate write-ins for investment income				
10.	Total gross investment income		510, 345		510, 345
11.	Investment expenses			1	
12.	Investment taxes, licenses and fees, excluding federal income taxes				
13.	Interest expense			(h)	
14.	Depreciation on real estate and other invested assets			(i)	
15.	Aggregate write-ins for deductions from investment income				
16. 17.	Total (Lines 11 through 15)				510, 345
	DETAILS OF WRITE-INS				010, 010
0901.					
0901.					
0903.					
0998.	Summary of remaining write-ins for Line 9 from overflow page				
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)				
0999. 1501.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)				
1501. 1502.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)				
1501. 1502. 1503.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)				
1501. 1502. 1503. 1598.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) Summary of remaining write-ins for Line 15 from overflow page				
1501. 1502. 1503.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)				
1501. 1502. 1503. 1598. 1599.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) Summary of remaining write-ins for Line 15 from overflow page Total (Lines 1501 through 1503 plus 1598) (Line 15, above)				
1501. 1502. 1503. 1598. 1599.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) Summary of remaining write-ins for Line 15 from overflow page	pa	id for accrued	l interest on	purchases.
1501. 1502. 1503. 1598. 1599. (a) Inclu	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) Summary of remaining write-ins for Line 15 from overflow page Total (Lines 1501 through 1503 plus 1598) (Line 15, above)	pa	id for accrued	d interest on	purchases.
1501. 1502. 1503. 1598. 1599. (a) Inclu (b) Inclu (c) Inclu (d) Inclu	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) Summary of remaining write-ins for Line 15 from overflow page Total (Lines 1501 through 1503 plus 1598) (Line 15, above) Ides \$ accrual of discount less \$ amortization of premium and less \$ accrual of discount less \$ accrual of	pa t on encumbra	id for accrued id for accrued id for accrued in for accrued nces.	d interest on dividends of interest on	purchases. on purchases. purchases.
1501. 1502. 1503. 1598. 1599. (a) Inclu (b) Inclu (c) Inclu (d) Inclu (e) Inclu	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) Summary of remaining write-ins for Line 15 from overflow page	pa t on encumbra	id for accrued id for accrued id for accrued in for accrued nces.	d interest on dividends of interest on	purchases. on purchases. purchases.
1501. 1502. 1503. 1598. 1599. (a) Inclu (b) Inclu (c) Inclu (d) Inclu (e) Inclu (f) Inclu	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) Summary of remaining write-ins for Line 15 from overflow page	pa pa t on encumbra	id for accrued id for accrued id for accrued nces. id for accrued	I interest on I dividends of interest on	purchases. n purchases. purchases.
1501. 1502. 1503. 1598. 1599. (a) Inclu (b) Inclu (c) Inclu (d) Inclu (e) Inclu (g) Inclu	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) Summary of remaining write-ins for Line 15 from overflow page Total (Lines 1501 through 1503 plus 1598) (Line 15, above) Ides \$	pa pa t on encumbra	id for accrued id for accrued id for accrued nces. id for accrued	I interest on I dividends of interest on	purchases. n purchases. purchases.
1501. 1502. 1503. 1598. 1599. (a) Inclu (b) Inclu (c) Inclu (d) Inclu (e) Inclu (g) Inclu (g) Inclu seggi	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) Summary of remaining write-ins for Line 15 from overflow page	pa pa t on encumbra	id for accrued id for accrued id for accrued nces. id for accrued	I interest on I dividends of interest on	purchases. n purchases. purchases.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	EXTENSIT OF SXI 117/12 SXIII (200025)									
		1	2	3	4	5				
					Net Gain (Loss) from					
		Realized		Increases	Change in Difference					
		Gain (Loss)	Other	(Decreases)	Between Basis Book/					
		On Sales or	Realized	by	Adjusted Carrying and					
		Maturity	Adjustments	Adjustment	Admitted Values	Total				
1.	U.S. Government bonds									
1.1	Bonds exempt from U.S. tax									
1.2	Other bonds (unaffiliated)									
1.3	Bonds of affiliates									
2.1	Preferred stocks (unaffiliated)									
2.11	Bonds exempt from U.S. tax Other bonds (unaffiliated) Bonds of affiliates Preferred stocks (unaffiliated) Preferred stocks of affiliates									
2.2	Common stocks (unaffiliated)									
2.21	Common stocks of affiliates									
3.	Mortgage loans									
4.	Real estate									
5.	Contract loans									
6.	Cash/Short-term investments									
7.	Derivative instruments									
8.	Other invested assets									
9.	Aggregate write-ins for capital gains (losses)									
10.	Total capital gains (losses)									
	DETAILS OF WRITE-INS									
0901.										
0902.										
0903.										
0998.	Summary of remaining write-ins for Line 9 from overflow page									
0999.	Totals (Lines 0901 through 0903 plus 0998)									

EXHIBIT 1 - ANALYSIS OF NONADMITTED ASSETS AND RELATED ITEMS

I I EIVIS									
	1	2	3 Changes for Year						
	End of Current Year	End of Prior Year	(Increase) or Decrease						
Summary of Items Page 2, Lines 10 to 13 and 15 to 20, Column 2	201, 495	245, 240	43, 745						
2. Other Non-Admitted Assets:									
2.1 Bills receivable		446, 437	446, 437						
2.2 Leasehold improvements									
2.3 Cash advanced to or in hands of officers and agents									
2.4 Loans on personal security, endorsed or not									
2.5 Commuted commissions									
3. Total (Lines 2.1 to 2.5)		446, 437	446, 437						
Aggregate write-ins for other assets	1,851,660	598, 616	(1, 253, 044)						
5. Total (Line 1 plus Lines 3 and Line 4)	2,053,156	1, 290, 294	(762, 862)						
0401. A/R Pharmacy Rebate	1, 827, 304	412, 054	(1, 415, 250)						
0402. Prepaid Insurance	999	5, 761	4, 761						
0403. Prepaid Service Contracts	12, 472	168, 642	156, 169						
0498. Summary of remaining write-ins for Line 4 from overflow page	10, 885	12, 160	1, 275						
0499. Totals (Lines 0401 thru 0403 plus 0498) (Line 4 above)	1, 851, 660	598, 616	(1, 253, 044)						

EXHIBIT 2 - ENROLLMENT BY PRODUCT TYPE

EXHIBIT 2 ENROCEMENT BITRODOOT ITTE									
		٦	Total Members at End of	f		6			
	1	2	3	4	5	Current Year			
Source of Enrollment	Prior Year	First Quarter	Second Quarter	Third Quarter	Current Year	Member Months			
Health Maintenance Organizations	183, 893	171, 333	161, 006	155, 765	134, 917	1, 910, 916			
Provider Service Organizations									
Preferred Provider Organizations									
4. Point of Service									
5. Indemnity Only									
6. Aggregate write-ins for other lines of business									
7. Total	183, 893	171, 333	161,006	155, 765	134, 917	1, 910, 916			
DETAILS OF WRITE-INS									
0601.									
0602.									
0603.									
0698. Summary of remaining write-ins for Line 6 from overflow page									
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)									

EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

EXTIDIT O MODIDERT MAD THE MENTION OF DOE MAD ON MID								
2	3	4	5	6	7			
1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted			
		_						
13, 301, 299	6, 933, 531	3, 662, 975	5, 092, 809		28, 990, 614			
13, 301, 299		3, 662, 975	5, 092, 809		28, 990, 614			
					l			
13, 301, 299	6, 933, 531	3, 662, 975	5, 092, 809		28, 990, 614			
	2 1 - 30 Days	2 3 31 - 60 Days 31 - 80 Days 31 - 80 Days 31 - 80 Days	2 1 - 30 Days 31 - 60 Days 61 - 90 Days 1 3 31 - 60 Days 61 - 90 Days	2 1 - 30 Days 31 - 60 Days 61 - 90 Days Over 90 Days 13, 301, 299 6, 933, 531 3, 662, 975 5, 092, 809 13, 301, 299 6, 933, 531 3, 662, 975 5, 092, 809	2 1 - 30 Days 31 - 60 Days 61 - 90 Days Over 90 Days Nonadmitted 1 3 3 4 61 - 90 Days Over 90 Days Nonadmitted			

EXHIBIT 4 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Individually Listed Receivables:						
		····				
	NON					
						
0499999 Receivables not individually listed						
0599999 Gross health care receivables						

EXHIBIT 5 - CLAIMS PAYABLE (Reported and Unreported)

	Aging Analysis of Unpaid	Claims				
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Payable (Reported) TennCare Pre-Petition						
TennCare Pre-Petition					57, 002, 443	57, 002, 443
TennCare Post-Petition	17, 392, 799	7, 122, 627	3, 762, 875	2, 168, 681	7, 217, 605	37, 664, 587
Community Plus					768	768
ESRD					875, 449	875, 449
0199999 Individually listed claims payable	17, 392, 799	7, 122, 627	3, 762, 875	2, 168, 681	65, 096, 265	95, 543, 247
0299999 Aggregate accounts not individually listed-uncovered						
0399999 Aggregate accounts not individually listed-covered						
0499999 Subtotals	17, 392, 799	7, 122, 627	3, 762, 875	2, 168, 681	65, 096, 265	95, 543, 247
0599999 Unreported claims and other claim reserves						
0699999 Total amounts withheld						
0799999 Total claims payable						95, 543, 247
0899999 Accrued medical incentive pool						

EXHIBIT 6 - AMOUNTS DUE FROM PARENT. SUBSIDIARIES AND AFFILIATES

EXHIBIT 0 - AMOUNTO DOE I NOMIT ANENT, OUDDIDIANIEU AND ATTIELATEU										
1	2	3	4	5	6	Adm	nitted			
						7	8			
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current			
Individually Listed Receivables: XANTUS Corp - General - Pre-Petition XANTUS Corp - Post-Petition XANTUS Corp - Federal Income Tax XANTUS Corp - Franchise & Excise										
XANTUS Corp - General - Pre-Petition				12, 638, 340	12, 638, 340					
XANTUS Corp - Post-Petition				535, 795	535, 795					
XANTUS Corp - Federal Income Tax				1, 827, 281	1, 827, 281					
XANTUS Corp - Franchise & Excise				33, 020	33, 020					
0199999 Individually listed receivables				15, 034, 436	15, 034, 436					
0299999 Receivables not individually listed										
0399999 Total gross amounts receivable				15, 034, 436	15, 034, 436					

NOTE: Current assets at December 31, 2002 include inter-company receivables in the amount of \$ 13,174,135 and an allowance for doubtful accounts of \$ 13,174,135. Based on data provided by XC, the inter-company receivables, in the amount of \$ 13,174,135 and an allowance for doubtful accounts of \$ 13,174,135. Based on data provided by XC, the inter-company receivables, in the amount of \$ 13,174,135, appear to represent approximately: 1) \$ 9,000,000 for the retirement of XC debt, 2) \$ 3,549,231 in overpayment fees to XC, 3) \$ 445,425 for XC payroll costs prior to April 1, 1999, and 4) \$ 179,479 due from HealthNet for claim payments for services provided prior to 1997 used by XC as a reduction of interest payments to HealthNet.

Exh 7-Amount Due to Parent, Subs

EXHIBIT 8 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

	•					
	1	2	3	4	5	6
	Direct Medical	Column 1	Total	Column 3	Column 1	Column 1
	Expense	as a %	Members	as a %	Expenses Paid to	Expenses Paid to
Payment Method	Payment	of Total	Covered	of Total	Affiliated Providers	Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers		0. 9	1, 910, 916	100. 0		2, 964, 294
Total capitation payments	2, 964, 294	0. 9	1, 910, 916	100. 0		2, 964, 294
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	326, 563, 333	99. 1	XXX	XXX		326, 563, 333
7. Bonus/withhold arrangements - fee-for-service			XXX	XXX		
Bonus/withhold arrangements - contractual fee payments			XXX	XXX		
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	326, 563, 333	99. 1	XXX	XXX		326, 563, 333
13. TOTAL (Line 4 plus Line 12)	329, 527, 628	100 %	XXX	XXX		329, 527, 628

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

NAIC Code Name of Intermediary Capitation Paid Capitation Total Adjusted Capital Capitation Paid Capitation Total Adjusted Capital Capitation Paid Capitation Total Adjusted Capital Capitation	7 Intermediary's Authorized	6 Intermediary's	4 Average Monthly	3	2	1
	Control Level RBC	Total Adjusted Capital		Capitation Paid	Name of Intermediary	NAIC Code
		<u></u>				
9999999 Totals XXX XXX	XXX					

EXHIBIT 9 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	732, 505		531, 010		201, 495	
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment						
6. Total	732, 505		531, 010		201, 495	

NOTES TO FINANCIAL STATEMENTS

- a. \$0 health care delivery assets included in Line 4.1, Column 3.
- b. The values for December 31, 1998 were derived from the March 31, 1999 filing by XANTUS Corporation ("XC"). These December 31, 1998 and March 31, 1999 balances are incorporated into the balances presented at December 31, 2001 and December 31, 2002. To the best of the knowledge of the Rehabilitators, these amounts rolled forward from December 31, 1998 are not audited or otherwise evaluated to determine their accuracy. As such, the Rehabilitators do not assume responsibility for, or attest to, the accuracy or validity of these amounts.
- c. The values for the quarter ended March 31, 1999 were derived from data provided by XC and subsequent modifications based on facts determined by the Rehabilitators after March 31, 1999, so as to most accurately reflect adjustments known to have occurred in the quarter ended March 31, 1999. These March 31, 1999 balances are incorporated into the balances presented at December 31, 2001 and December 31, 2002. To the best of the knowledge of the Rehabilitators, the data provided by XC was not audited or otherwise evaluated to determine its accuracy. As such, the Rehabilitators do not assume responsibility for, or attest to, the accuracy or validity of these amounts.
- d. Current Assets at December 31, 2002 include inter-company receivables in the amount of \$15,034,436 and an allowance for doubtful accounts of \$15,034,436. Based on data provided by XC, the inter-company receivables, in the amount of \$15,034,436, appear to represent approximately: 1) \$9,000,000 for the retirement of XC debt; 2) \$3,549,231 in overpayment of management fees to XC; 3) \$445,425 for XC payroll costs prior to April 1, 1999; 4) \$179,479 due from Health Net for claim payments for services provided prior to 1997 used by XC as a reduction of interest payments to Health Net.; 5) \$1,827,281 Federal Income Tax; and 6) \$33,020 Franchise & Excise Tax.
- e. Current Assets at December 31, 2002 include a receivable from providers in the amount of \$1,886,129 and an allowance for doubtful accounts of \$1,886,129. This amount represents total advance payments made during April and May 1999, in the amount of \$26,063,745, less recovery through December 31, 2001 in the amount of \$24,177,616.
- f. Claims Payable in the amount of \$95,543,247, represents both Pre-Petition and Post-Petition claims liability. TennCare Pre-Petition claims liability, in the amount of \$57,002,443, represents the sum total of all medical claim obligations owed to providers for dates of service prior to April 1, 1999. Of this \$57,002,443, the State of Tennessee is working on acquiring \$20,000,000 of which approximately \$19,631,434 has been acquired as of December 31, 2002. TennCare Post-Petition claims liability, in the amount of \$37,664,587 represents the estimated outstanding claims liability of medical claim obligations owed to providers for dates of service after March 31, 1999 through December 31, 2002. The remaining \$876,217 represents the estimated medical claims obligations owed to providers for the ESRD Demonstration project and the Community Plus commercial plan.
- g. Claims Payable includes an estimated \$ 2,300,000 adjustment for the value of the 1999 RBRVS fee schedule update. The adjustment is required since XC had not updated the RBRVS fee schedule for provider payments since 1997. The research to determine the final amount remains in progress as of the date this filing was signed.
- h. Pre-Petition Premium Tax obligations, in the amount of \$1,601,539, remain due for the quarter ended March 31, 1999 and for the year ended December 31, 1998. The remaining amount of \$2,457,934 represents tax liability incurred after March 31, 1999 that has been reported and paid timely.
- i. The Rehabilitators do not assume responsibility for, or attest to, the accuracy or validity of these claims against the assets of XHT. These balances have been brought forward from prior Financial Statements prepared by XC and are not audited or otherwise evaluated to determine their accuracy for the time periods represented by this filing. As such, the Rehabilitators do not assume responsibility for, or attest to, the accuracy or validity of the amounts reported by XC.
- j. Premium revenue is based on the contract negotiated between TennCare and XHT and must be adjusted to reflect actual cost upon completion of the required reconciliation process.
- k. Based on the agreement between CMS, XHT, and TennCare, financial audits will be performed quarterly. The purpose of the audits is to review XHT TennCare expenditures. CMS has agreed to reimburse TennCare for XHT related expenditures in accordance with Medicare cost sharing standards during Rehabilitation or until such time as XHT returns to an at risk status.
- I. Consistent with the Deloitte and Touche financial audit performed for the period ended December 31, 2000, TennCare prepetition claims liability in the amount of \$57,002,443 was increased at June 30, 2001 by \$1,093,240 from the previously filed liability of \$55,909,203. The adjustment is required in order to properly reflect the TennCare pre-petition debt per the claims distribution analysis finalized during the 2nd quarter of 2001.

NOTES TO FINANCIAL STATEMENTS

m. Consistent with the Deloitte and Touche financial audit performed for the period ended December 31, 2000, prior period adjustments/allowances in the amount of \$16,830,898 were recorded at June 30, 2001: 1) to reduce prior year retained earnings by \$14,678,589 for pre-petition receivables (\$14,498,641 Due from XC; \$49,923 Due from Providers; \$130,025 Due from Premier); and 2) to reduce current year retained earnings by \$2,152,309 for post-petition receivables (\$535,795 TennCare Due from XC; \$1,336,206 Due from Providers; \$40,680 Due from Premier; \$157,029 ESRD Receivables; \$82,600 Premium Tax Payable).

SUMMARY INVESTMENT SCHEDULE

		Gross		Admitted Assets as Reported in the		
		Investment Holdings		Annual St	atement	
	Investment Categories	1 Amount	2 Percentage	3 Amount	4 Percentage	
1	Bonds:	7	. oroomago	7 iiii Gain	. o.ooago	
	1.1 U.S. Treasury securities	300, 000	11. 538	300, 000	1. 681	
	1.2 U.S. government agency and corporate obligations (excluding mortgage-	,		,		
	backed securities):					
	1.21 Issued by U.S. government agencies	2, 300, 000	88. 462	2, 300, 000	12. 884	
	Soreign government (including Canada, excluding mortgaged-backed securities)					
	1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:					
	1.41 States, territories and possessions general obligations					
	1.42 Political subdivisions of states, territories and possessions and					
	political subdivisions general obligations 1.43 Revenue and assessment obligations					
	1.44 Industrial development and similar obligations					
	Mortgage-backed securities (includes residential and commercial MBS):					
	1.51 Pass-through securities:					
	1.511 Guaranteed by GNMA					
	1.512 Issued by FNMA and FHLMC					
	1.513 Privately issued					
	1.52 CMOs and REMICs:					
	1.521 Issued by FNMA and FHLMC					
	1.522 Privately issued and collateralized by MBS issued or guaranteed by GNMA, FNMA, or FHLMC					
	1.523 All other privately issued					
2.	Other debt and other fixed income securities (excluding short-term):					
	Unaffiliated domestic securities (includes credit tenant loans rated by the SVO)					
	2.3 Affiliated securities					
3.	Equity interests:					
	3.2 Preferred stocks:					
	3.21 Affiliated					
	3.22 Unaffiliated					
	3.3 Publicly traded equity securities (excluding preferred stocks):					
	3.31 Affiliated					
	3.32 Unaffiliated					
	3.4 Other equity securities:					
	3.41 Affiliated					
	3.42 Unaffiliated					
	3.5 Other equity interests including tangible personal property under lease:					
	3.51 Affiliated					
	3.52 Unaffiliated					
4.	Mortgage loans:					
	4.1 Construction and land development					
	4.2 Agricultural					
	4.3 Single family residential properties					
	4.4 Multifamily residential properties			1		
-	4.5 Commercial loans					
5.	Real estate investments:					
	5.1 Property occupied by the company	,				
	S.2 Property neid for the production of income (includes) \$of property acquired in satisfaction of debt)					
	5.3 Property held for sale (\$including					
	property acquired in satisfaction of debt)					
6	Policy loans			•		
	Receivables for securities			6, 615	0.037	
	Cash and short-term investments		•	15, 244, 791	85. 398	
0.	Other invested assets		•	13, 244, 731		
9				.		

PART 1 - COMMON INTERROGATORIES

GENERAL

	1.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of v is an insurer?		Yes	[X]] N	0 []
	1.2	If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Mode Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?] 	[X] No	[] N	A []
	1.3	State Regulating?	Te	nnessee.				
(1),(2)		Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement or reporting entity?	of the	Yes				
	2.2	If yes, date of change:						
		If not previously filed, furnish herewith a certified copy of the instrument as amended.						
(1)	3.1	State as of what date the latest financial examination of the reporting entity was made or is being made.				.03/	31/19	198
	3.2	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. date should be the date of the examined balance sheet and not the date the report was completed or released.	This			.06/	30/19	196
(1)	3.3	State as of what date the latest financial examination report became available to other states or the public from either the state of domic the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (bal sheet date).	ance			.04/	30/19)97
(1)	3.4	By what department or departments? Tennessee Department of Commerce and Insurance						
	4.1	During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization of combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions to control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:						
		4.11 sales of new business?		Yes	[] N	lo [2	K]
		4.12 renewals?		Yes	[] N	lo [2	(]
	4.2	During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an aff receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on organization) of						
		premiums) of: 4.21 sales of new business?		Yes	[] N	lo [2	X]
		4.22 renewals?		Yes	[] N	lo [2	X]
	5.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?		Yes	[] N	lo [2	X]
	5.2	If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that ceased to exist as a result of the merger or consolidation.	t has					
		1 Name of Entity NAIC Company Code State of Domicile						
	6.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspend revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confiden clause is part of the agreement.)	tiality	Yes	[]] N	Io [2	X]
	6.2	If yes, give full information:				-	·	-
(1)	7.1	Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?		Yes	[]	l N	o [}	()
	7.2	If yes,						
		7.21 State the percentage of foreign control;						
		7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality manager or attorney in fact; and identify the type of entity(s) (e.g., individual, corporation or government, manage attorney in fact).						
		1 2 Nationality Type of Entity						
		Nationality Type of Entity	\dashv					

(continued) 8. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

		Deloitte & Touche, Nashville, TN							
	9.	What is the name, address and affiliation (officer/employee of the repor consulting firm) of the individual providing the statement of actuarial opinion		ary/consultant associated with a(n) actuari	ial				
		Reden & Anders, Minneapolis, MN							
(1)	10.	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONL	_Y:						
(1)	10.1	What changes have been made during the year in the United States Manager	or the United States	s Trustees of the reporting entity?					
N/A	10.2	Does this statement contain all business transacted for the reporting entity thr	ough its United State	es Branch on risks wherever located?	Ye	es [1	No [[]
		Have there been any changes made to any of the trust indentures during the y	-			es [í	No [ĺĺ
		If answer to (10.3) is yes, has the domiciliary or entry state approved the chan				No []	NA [j
		BOARD O	F DIRECTOR	s					
(1),(3) 11.	Is the purchase or sale of all investments of the reporting entity passed up thereof?				es [1	No [[X]
(1),(3) 12.	Does the reporting entity keep a complete permanent record of the proceed thereof?	edings of its Board	of Directors and all subordinate committee	es	es [1	No [[]
(1),(3) 13.	Has the reporting entity an established procedure for disclosure to its board of part of any of its officers, directors, trustees or responsible employees which	of directors or truste	es of any material interest or affiliation on the	ne	es []	No [
		FIN	IANCIAL						
(1)	14.1	Total amount loaned during the year (inclusive of Separate Accounts, exclusive	ve of policy loans):	14.11 To directors or other officers	\$				
(-)		3 ,	, , , , , , , , , , , ,		\$ None				
				14.13 Trustees, supreme or grand (Fraternal only)	None				
(1)	14.2	Total amount of loans outstanding at end of year (inclusive of Separate Accouloans):	unts, exclusive of po	14.21 To directors or other officers	\$ None E	Зу Ве	hat	oilitat	ors
				14.22 To stockholders not officers	\$ None E	sy Re	hat	ollitat	ors
				14.23 Trustees, supreme or grand (Fraternal only)	\$ None E	зу Re	hab	ilitat	ors
(1)	15.1	Were any of the assets reported in this statement subject to a contractual o obligation being reported in this statement? UNKNOWN			V	es []	No [[X]
	15.2	If yes, state the amount thereof at December 31 of the current year:	15.21 Rented	from others	\$A				
			15.22 Borrowe						
			15.23 Leased	from others	\$ N/A				
			15.24 Other		\$				
	16.1	Disclose in Notes to Financial Statements the nature of each of these obligation Does this statement include payments for assessments as described in t	the Annual Stateme			Г	1	N- [r v 1
	16.2	guaranty association assessments?			N/A \$	es [J	INO [Λ.
	10.2	ii answei is yes,		t paid as losses or risk adjustment t paid as expenses	\$ N/A				
				amounts paid	B I / A				
			10.20 01161 6	paid	Ψ				

(continued) INVESTMENT

(1) 17. List the following capital stock information for the reporting entity:

		Class	Number of Shares Authorized	Number of Shares Outstanding	Par Value Per Share	Redemption Price if Callable	Is Dividend Rate Limited?	Are Dividen Cumulative		
							Yes No	Yes No		
		Preferred					[] []	[] []	
		Common	1, 000, 000	100,000	1, 000. 000	XXX	XXX XXX	XXX	XXX	
(1) 1	8.1.					ar, over which the reporti hedule E - Part 2 - Spec			Yes []	No [X]
(1) 1	18.2	If no, give full a	and complete information	relating thereto:						
(1) 1	19.1	Were any of the	ne reporting entity, except	ot as shown on the Sche	edule E - Part 2 - Spe	ecember 31 of the curre cial Deposits; or has the curities subject to Interrog	reporting entity sold o	r transferred	UNKNC	
(1) 1	19.2	If yes, state the	amount thereof at Dece	ember 31 of the current	year: 19.21	Loaned to others		\$	UNKNO	WN
					19.22	Subject to repurchase a	greements	\$	UNKNO	WN
					19.23	Subject to reverse repu			UNKNO	WN
					19.24	Subject to dollar repurc	hase agreements	\$	UNKNO'	WN
					19.25	Subject to reverse dolla	r repurchase agreem	ents \$	UNKNO	WN
					19.26	Pledged as collateral		\$	UNKNO	WN
					19.27	Placed under option ag			UNKNO	WN
					19.28	Letter stock or other see			UNKNO	WN
					19.29	Other			UNKNO	WN
(1) 1	193	For each cated	ory above, if any of the	se assets are held by oth				······································		
. , .	. 0.0		INIIZNIOVA/NI							
		10.01								
(1) 1	19.4	For category (1	9.28) provide the follow			annual statement.				
(1) 1	19.4	For category (1	9.28) provide the follow 1 Nature of Rest	ing: UNKNOWN		2 Descriptio			3 Amount	
(1) 1	19.4	For category (1	1	ing: UNKNOWN		2				
			1 Nature of Rest	ing: UNKNOWN		2 Descriptio			Amount] No [X]
2	20.1	Does the repor	Nature of Rest	riction ging transactions reported to the hedging program	ed on Schedule DB?	2 Descriptio			Yes [] No [X]
2 2	20.1 20.2	Does the repor	Nature of Rest	riction ging transactions reported to the hedging programement.	ed on Schedule DB?	2 Descriptio	o equity, or, at the opt	Yes [Yes [
2 2 1) 2	20.1 20.2 21.1	Does the repor	Nature of Rest	ging transactions reported to the hedging programment.	ed on Schedule DB? of the current year management year managemen	2 Description	o equity, or, at the opt	Yes [Yes [] No [] NA [X]
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	20.1 20.2 21.1	Does the repor If yes, has a co If no, attach a co Were any prefe issuer, converti If yes, state the Excluding items deposit boxes, qualified bank of	Nature of Rest	ging transactions reported as of December 31 NKNOWN are the more than of the current years, and other securities, owner and other securities.	ed on Schedule DB? In been made available of the current year made available of the current year. N/A Id investments held photed throughout the cueral, Section IV.H-Cueral,	Description e to the domiciliary state? andatorily convertible interests	o equity, or, at the opt ntity's offices, vaults c o a custodial agreeme	Yes [ion of the	Yes [] No [] NA [X]
2 2 11) ₂ 2	20.1 20.2 21.1 21.2.	Does the repor If yes, has a co If no, attach a co Were any prefe issuer, converti If yes, state the Excluding items deposit boxes, qualified bank of Financial Cond	Nature of Rest	ging transactions reported in of the hedging programment. In of the hedging programment. In of December 31 NKNOWN In of December 31 NKNOWN In of December 31 NKNOWN In order to the current of the c	ed on Schedule DB? In been made available of the current year made year. N/A d investments held phed throughout the cueral, Section IV.H-Cueral	2 Description e to the domiciliary state of the andatorily convertible interpretation in the reporting errent year held pursuant stodial or Safekeeping Agencies	o equity, or, at the opt ntity's offices, vaults of a custodial agreeme	Yes [ion of the	Yes []] No [Yes [] N/A] NA [X]
2 2 2 11) 2 2	20.1 20.2 21.1 21.2.	Does the repor If yes, has a co If no, attach a co Were any prefe issuer, converti If yes, state the Excluding items deposit boxes, qualified bank of Financial Cond	Nature of Rest	ging transactions reported in of the hedging programment. In of the hedging programment. In of December 31 NKNOWN In of December 31 NKNOWN In of December 31 NKNOWN In order to the current of the c	ed on Schedule DB? In been made available of the current year made year. N/A d investments held phed throughout the cueral, Section IV.H-Cueral	Description e to the domiciliary state? andatorily convertible interpreting errent year held pursuant to stodial or Safekeeping Age.	o equity, or, at the opt ntity's offices, vaults of a custodial agreeme	Yes [ion of the	Yes []] No [Yes [] N/A] NA [X]
2 2 11) ₂ 2	20.1 20.2 21.1 21.2.	Does the repor If yes, has a co If no, attach a co Were any prefe issuer, converti If yes, state the Excluding items deposit boxes, qualified bank of Financial Cond	Nature of Rest Nature of Rest ting entity have any hed proper hensive description description with this state erred stocks or bonds over the stocks or bonds are expected and the stocks are all stocks, bonds are for trust company in accompliance in the stocks are trust company in accompliance in the stocks are trust company with the results of the stocks are trust comply with the results are the stocks.	ging transactions reporter of the hedging programment. In of the hedging programment. In of the hedging programment. In of the current years of the current years of the current years of the recurrities, own ordance with Part 1-Gen pok? In of Custodian(s)	ed on Schedule DB? In been made available of the current year made available year. N/A d investments held pheed throughout the current, Section IV.H-Current, Section IV.H-Current, Section IV.H-Current, Section IV.H-Current	Description e to the domiciliary state? andatorily convertible interpret year held pursuant to stodial or Safekeeping Agreement year.	o equity, or, at the opt ntity's offices, vaults or o a custodial agreeme greements of the NAIC mplete the following: 2 2 's Address	Yes [ion of the	Yes []] No [Yes [] N/A] NA [X]
2 2 11) ₂ 2	20.1 20.2 21.1 21.2.	Does the repor If yes, has a co If no, attach a co Were any prefe issuer, converti If yes, state the Excluding items deposit boxes, qualified bank of Financial Cond	Nature of Rest Nature of Rest ting entity have any hed proper hensive description description with this state erred stocks or bonds over the stocks or bonds are expected and the stocks are all stocks, bonds are for trust company in accompliance in the stocks are trust company in accompliance in the stocks are trust company with the results of the stocks are trust comply with the results are the stocks.	ging transactions reporter of the hedging programment. In of the hedging programment. In of the hedging programment. In of the current years of the current years of the current years of the recurrities, own ordance with Part 1-Gen pok? In of Custodian(s)	ed on Schedule DB? In been made available of the current year made available year. N/A d investments held pheed throughout the current, Section IV.H-Current, Section IV.H-Current, Section IV.H-Current, Section IV.H-Current	Description e to the domiciliary state? andatorily convertible interpreting errent year held pursuant to stodial or Safekeeping Age.	o equity, or, at the opt ntity's offices, vaults or o a custodial agreeme greements of the NAIC mplete the following: 2 2 's Address	Yes [ion of the	Yes []] No [Yes [] N/A] NA [X]
2 2 11) ₂ 2	20.1 20.2 21.1 21.2.	Does the repor If yes, has a co If no, attach a co Were any prefe issuer, converti If yes, state the Excluding items deposit boxes, qualified bank of Financial Cond	Nature of Rest Nature of Rest ting entity have any hed proper hensive description description with this state erred stocks or bonds over the stocks or bonds are expected and the stocks are all stocks, bonds are for trust company in accompliance in the stocks are trust company in accompliance in the stocks are trust company with the results of the stocks are trust comply with the results are the stocks.	ging transactions reported to the hedging programment. In of the hedging programment. In of the hedging programment. In of the current years and other securities, owner ordance with Part 1-General pook? In of the NAIC 1 e of Custodian(s)	ed on Schedule DB? In been made available of the current year m year. N/A d investments held ph ned throughout the cu reral, Section IV.H-Cu	Description e to the domiciliary state? andatorily convertible interpret year held pursuant to stodial or Safekeeping Agreement year.	o equity, or, at the opt ntity's offices, vaults or o a custodial agreeme greements of the NAIC mplete the following: 2 's Address	Yes [ion of the	Yes []] No [Yes [] N/A] NA [X]
2 2 11) ₂ 2	20.1 20.2 21.1 21.2.	Does the repor If yes, has a co If no, attach a co Were any prefe issuer, converti If yes, state the Excluding items deposit boxes, qualified bank of Financial Cond	Nature of Rest Nature of Rest ting entity have any hed proper hensive description description with this state erred stocks or bonds over the stocks or bonds are expected and the stocks are all stocks, bonds are for trust company in accompliance in the stocks are trust company in accompliance in the stocks are trust company with the results of the stocks are trust comply with the results are the stocks.	ging transactions reported to the hedging programment. In of the hedging programment. In of the hedging programment. In of the current years and other securities, owner ordance with Part 1-General pook? In of the NAIC 1 e of Custodian(s)	ed on Schedule DB? In been made available of the current year m year. N/A d investments held ph ned throughout the cu reral, Section IV.H-Cu	Description e to the domiciliary state? andatorily convertible interpreting errent year held pursuant to stodial or Safekeeping Agriculture. Examiners Handbook, con Custodian	o equity, or, at the opt ntity's offices, vaults or o a custodial agreeme greements of the NAIC mplete the following: 2 's Address	Yes [ion of the	Yes []] No [Yes [] N/A] NA [X]

(continued) INVESTMENT

(1) 22.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
N/A		

(1) 22.03 Have there been any changes, including name changes, in the custodian(s) identified in 22.01 during the current year?	Yes [] No [[]
---	-------	--------	-----

(1) 22.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
N/A			

(1) 22.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository Number(s)	Name	Address
None By Rehabilitators		

O.	Т	Н	I		R
~				_	١,

(1)	Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?	¢	UNKNOWN
-----	--	---	---------

(1) 23.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid
None By Rehabilitators	\$ \$ N/A
	·

1) 24.1	Amount of payments for legal expenses, if any?	\$ 575,253
---------	--	------------

24.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Waller, Lansden, Dorch & Davis, PLLC	\$ 92, 231
Wyatt, Tarrant & Combs, LLP	\$ 247, 038
Farmer & Luna, PLLC	\$ 235, 985

(1) 25.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ N/A

(1) 25.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
1.6.110	\$
None By Rehabilitators	\$ N/A
	\$

(continued)

PART 2 - HEALTH INTERROGATORIES

(1)	1.1		icare Supplement Insurance in force?	Yes []	
	1.2	If yes, indicate premium earned on U. S. busin			
(1)	1.3	What portion of Item (1.2) is not reported on the	ne Medicare Supplement Insurance Experience Exhibit?\$		
		1.31 Reason for excluding UNKNOWI	V		
			191919191	N/A	
	1.4				
	1.5	Indicate total incurred claims on all Medicare S	Supplement Insurance. \$	N/A	
	1.6	Individual policies:			
			Most current three years:	N 1/A	
		N/A	1.61 Total premium earned\$	N/A	
			1.62 Total incurred claims\$	N/A	
			1.63 Number of covered lives\$	N/A	
			All years prior to most current three years:		
			1.64 Total premium earned\$	N/A	
			•	N/A	
			1.66 Number of covered lives\$	N/A	
(1)	1.7	Group policies:	•		
` ,			Most current three years:	NI/A	
				N/A	
			1.72 Total incurred claims\$	N/A	
				N/A	
			All years prior to most current three years:		
				N/A	
			1.74 Total premium earned	N/A	
			1.75 Total incurred claims\$	N/A N/A	
(1)	0.4	The the constitute of the control of	1.7 0 1 turnbol of covoled lives	By Rehabilit	atore
(1)	2.1		wment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be e reporting entity permits?	Yes []	
(1)	22	If yes, give particulars:	e reporting entity permits:	ics []	NO [A]
` '	2.2	ii yes, give particulars.			
(1)	3.1	Have penies of all agreements stating the	period and nature of hospitals', physicians', and dentists' care offered to subscribers and		
(.,	3.1		e regulatory agency?	Yes [X]	No []
	3.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? N/A	1 1	No []
(1)	4.1		urance?	Yes [X]	
	4.2	If no, explain:		[]	[]
` '		N/A			
(1)	4.3	Maximum retained risk (see instructions)	4.31 Comprehensive Medical\$		
` '		Waxamam rotation for (coo motivations)			
			·		
			·		
(4)	5	Describe arrangement which the reporting on	tity may have to protect subscribers and their dependents against the risk of insolvency including		
(')	J.		vileges with other carriers, agreements with providers to continue rendering services, and any		
	6.1	Does the reporting entity set up its claim liability	ty for provider services on a service data base?	Yes [X]	No []
	6.2	If no, give details:	ty for provider services on a service data base:	ics [A]	NO []
	0.2	ii iio, give detaiis.			
	7	Devide the fellowing left-resting as another as			
	7.	Provide the following Information regarding pa			
			7.1 Number of providers at start of reporting year		
(1)	0.4	December of the control of the contr	7.2 Number of providers at end of reporting year		
(')	8.1		ct to premium rate guarantees?	Yes []	NO[A]
	8.2	If yes, direct premium earned:	0.04.D 1 11 1 15 15 15 15 15		
			8.21 Business with rate guarantees between 15-36 months		
'4 \			8.22 Business with rate guarantees over 36 months		
(1)	9.1		d Arrangements in its provider contract?	Yes [X]	NO []
	9.2	If yes:			
			9.21 Maximum amount payable bonuses\$		
			9.22 Amount actually paid for year bonuses\$		
			9.23 Maximum amount payable withholds\$		
			9.24 Amount actually paid for year withholds\$		
	10.	List service areas in which reporting entity is li	censed to operate:		
			1		
			Name of Service Area		
			State of Tennessee		

FOOTNOTES

- (1) The Rehabilitators do not assume responsibility for, nor attest to, the accuracy or validity of any information related to XANTUS Healthplan of Tennessee, Inc. ("XHT") prior to April 1, 1999. To the best of the knowledge of the Rehabilitators, any amounts shown prior to April 1, 1999 have not been audited nor evaluated for their accuracy by a licensed certified public accountant using generally accepted auditing standards.
- (2) To the best of the knowledge of the Rehabilitators, without independent investigation, the Rehabilitators have not made any changes since the last reporting date to contracts with physicians or hospitals or subscribers where submission is required by state regulation. The Rehabilitators are aware that previous management made such changes.
- (3) The State of Tennessee was assigned to be Statutory Rehabilitator of XHT through the CONSENT ORDER APPOINTING COMMISSIONER AS RECEIVER FOR PURPOSES OF REHABILITATION by STATE OF TENNESSEE, ex rel., DOUGLAS SIZEMORE, Commissioner of Commerce and Insurance for the State of Tennessee, v. XANTUS HEALTHPLAN OF TENNESSEE, INC.; IN THE CHANCERY COURT OF THE STATE OF TENNESSEE, TWENTIETH JUDICIAL DISTRICT, DAVIDSON COUNTY, No. 99-917-11.
- (4) The reporting entity protects their enrollees against the risk that the reporting entity will become insolvent by contractually obligating the provider to continue to provide health services to the enrollee until either when the enrollee is discharged from the Facility or the enrollee becomes covered under another plan of health insurance with similar benefits. Additionally, the provider agrees to accept payment or appropriate denial by the reporting entity as payment in full for covered services furnished by the provider. The provider is prohibited from soliciting or accepting any surety, guarantee of payment, or any other additional payment from the enrollee in excess of the amount of applicable deductibles, co-payments and/or special fees required by TennCare. Finally the provider indemnifies the reporting entity for a breach of the agreement between the provider and reporting entity.

FIVE-YEAR HISTORICAL DATA

1	1 I V L-	I EAK HIS	IONICAL	שאוא		
		1 2002	2 2001	3 2000	4 1999	5 1998
BALA	NCE SHEET ITEMS (Pages 2 and 3)					
1.	Total admitted assets (Page 2, Line 23)	50, 185, 196	59, 167, 190	45, 116, 929	37, 649, 378	34, 108, 345
	Total liabilities (Page 3, Line 18)			124, 849, 751	117, 575, 509	58, 461, 533
	Statutory surplus					
	Total capital and surplus (Page 3, Line 26)					
INCO	ME STATEMENT ITEMS (Page 4)					
5.	Total revenues (Line 7)	316, 384, 395	284, 131, 313	221, 226, 811	229, 629, 523	260, 143, 611
6.	Total medical and hospital expenses (Line 17)	320, 726, 900	269, 383, 349	200, 161, 100	211, 088, 311	253, 145, 854
7.	Total administrative expenses (Line 19)	25, 752, 694	24, 028, 583	23, 675, 216	31, 098, 589	34, 209, 211
8.	Net underwriting gain (loss) (Line 22)	(30, 095, 199)	(7, 107, 287)			
9.	Net investment gain (loss) (Line 25)	510, 345	2, 105, 649			
10.	Total other income (Lines 26 plus 27)	29, 874, 471	5, 377, 448			
11.	Net income (loss) (Line 30)	289, 617	375, 810			
RISK	- BASED CAPITAL ANALYSIS					
12.	Total adjusted capital	(77, 502, 757)				
13.	Authorized control level risk-based capital	6, 118, 738	11, 091, 949			
ENRO	DLLMENT (Exhibit 2)					
14.	Total members at end of period (Column 5, Line 7)	134, 917	183, 893	135, 807	148, 748	178, 299
15.	Total member months (Column 6, Line 7)	1, 910, 916	1, 966, 060	1, 674, 480	1, 941, 241	2, 139, 350
	ATING PERCENTAGE (Page 4) divided by Page 4, sum of Line 2, 3 and 5)					
16.	Premiums earned (Line 2 plus 3)	100.0	100. 0	100.0	100.0	100. 0
17.	Total medical and hospital (Line 17)	101.5	95. 1	91.0	92.3	97. 7
	Total underwriting deductions (Line 21)		102.8			
19.	Total underwriting gain (loss) (Line 22)	(9.5)	(2. 5)			
	LID CLAIMS ANALYSIS Exhibit, Part 2B)					
20.	Total claims incurred for prior years (Line 11, Col. 5)	106, 597, 324	89, 888, 946			
21.	Estimated liability of unpaid claims – [prior year (Line 11, Col. 6)]	104, 343, 975	88, 236, 738	86, 648, 220		37, 339, 240

FIVE-YEAR HISTORICAL DATA (Continued)

	1 2002	2 2001	3 2000	4 1999	5 1998
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES	2002	2001	2000	1000	1000
22. Affiliated bonds (Sch. D Summary, Line 25, Col. 1)					
23. Affiliated preferred stocks (Sch. D Summary, Line 39, Col. 1)					
24. Affiliated common stocks (Sch. D Summary, Line 53, Col. 2)					
25. Affiliated short-term investments (subtotal included in Sch. DA, Part 2, Col. 5, Line 11)					
26. Affiliated mortgage loans on real estate					
27. All other affiliated					
28. Total of above Lines 22 to 27					

320, 724, 164

5,200

15. Amount Incurred for Provision of Health Care Services

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE XANTUS Healthplan of Tennessee, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION XANTUS Healthplan of Tennessee, Inc. (LOCATION) BUSINESS IN THE STATE OF Tennessee **DURING THE YEAR 2002** NAIC Company Code NAIC Group Code 95465 Comprehensive (Hospital & Medical) 10 Medicare Vision Dental Federal Employees Title XVIII Title XIX Health Benefit Plan Total Individual Group Supplement Only Only Medicare Medicaid Other Total Members at end of: 183, 893 183, 893 Prior Year 171, 333 171, 333 2 First Quarter .161,006 161,006 3 Second Quarter .155, 765 4. Third Quarter 155, 765 134, 917 134, 917 Current Year 6 Current Year Member Months 1, 910, 916 1,910,916 **Total Member Ambulatory Encounters for Year:** 7. Physician 8. Non-Physician 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Premiums Collected 13. Premiums Earned .329, 527, 628 ..329, 527, 628 14. Amount Paid for Provision of Health Care Services

320, 726, 900

(2,464)

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION XANTUS Healthplan of Tennessee, Inc.

VAIC Group Code 1239 BUSINESS IN THE STATE O				DURING THE YEAR:	2. DIVISION 2002			(LOCATION) NA	C Company Code	95465
	1	Compreh (Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	183, 893								183, 893	
2 First Quarter	171, 333								171, 333	
3 Second Quarter	161, 006								161, 006	
4. Third Quarter	155, 765								155, 765	
5. Current Year	134, 917								134, 917	
6 Current Year Member Months	1, 910, 916								1, 910, 916	
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Premiums Collected										
13. Premiums Earned										
14. Amount Paid for Provision of Health Care Services	329, 527, 628								329, 527, 628	
15. Amount Incurred for Provision of Health Care Services	320, 726, 900	(2, 464)							320, 724, 164	5, 2

Schedule A - Verification

NONE

Schedule B - Verification

NONE

Schedule BA - Verification

NONE

SCHEDULE D - SUMMARY BY COUNTRY

	Lon	g-Term Bonds and Stocks	OWNED December 31			Τ .
Description			1 Book/Adjusted Carrying Value	2 Fair Value (a)	3 Actual Cost	4 Par Value of Bonds
BONDS	1.	United States			2, 607, 814	2, 600, 000
Governments	2.			, 001, 011		
(Including all obligations guaranteed	3.	Other Countries				
by governments)	4.	Totals	2,600,000	2, 607, 814	2, 607, 814	2, 600, 000
States, Territories and Possessions	5.	United States				
(Direct and guaranteed)	6.	Canada				
	7.	Other Countries				
	8.	Totals				
Political Subdivisions of States,	9.	United States				
Territories and Possessions	10.	Canada				
(Direct and guaranteed)	11.	Other Countries				
	12.	Totals				
Special revenue and special assessment						
obligations and all non-guaranteed	13.					
obligations of agencies and authorities of	14.					
governments and their political subdivisions	15.	Other Countries				
	16.	Totals				
Public Utilities (unaffiliated)	17.	United States				
T dolle Guillies (driamilated)	18.					
	19.	Other Countries				
	20.	Totals				
Industrial and Miscellaneous and Credit Tenant	21.	United States				
Loans (unaffiliated)	22.					
	23.	Other Countries				
	24.					
Parent, Subsidiaries and Affiliates	25.					
- arong outsidance and riminates	26.	Total Bonds	2,600,000	2, 607, 814	2, 607, 814	2, 600, 000
PREFERRED STOCKS	27.	United States	, ,	, , .	, , .	, ,
Public Utilities (unaffiliated)	28.					
, ,	29.	Other Countries				
	30.	Totals				
Banks, Trust and Insurance Companies	31.	United States				
(unaffiliated)						
	33.	Other Countries				
	34.	Totals				
Industrial and Miscellaneous (unaffiliated)	35.	United States				
	36.	Canada				
	37.	Other Countries				
	38.	Totals				
Parent, Subsidiaries and Affiliates	39.	Totals				
	40.	Total Preferred Stocks				
COMMON STOCKS	41.	United States				
Public Utilities (unaffiliated)	42.	Canada				
	43.	Other Countries				
	44.	Totals				
Banks, Trust and Insurance Companies	45.	United States				
(unaffiliated)		Canada				
		Other Countries				
		Totals				
Industrial and Miscellaneous (unaffiliated)		United States				
		Canada				1
		Other Countries				
	52.					
Parent, Subsidiaries and Affiliates	53.					
	54.					
		Total Stocks				
	56.	Total Bonds and Stocks	2, 600, 000	2, 607, 814	2, 607, 814	J

⁽a) The aggregate value of bonds which are valued at other than actual fair value is \$

SCHEDULE D - VERIFICATION BETWEEN YEARS

1. 2. 3.	Book/adjusted carrying value of bonds and stocks, prior year	6.	Foreign Exchange Adjustment: 6.1 Column 17, Part 1 6.2 Column 13, Part 2, Sec. 1 6.3 Column 11, Part 2, Sec. 2 6.4 Column 11, Part 4
	3.2 Column 12, Part 2, Sec. 1	7.	Book/adjusted carrying value at end of current period
	3.3 Column 10, Part 2, Sec. 2	8.	Total valuation allowance
	3.4 Column 10, Part 4	9.	Subtotal (Lines 7 plus 8)
4.	Total gain (loss), Col. 14, Part 4	10.	Total nonadmitted amounts
5.	Deduct consideration for bonds and stocks disposed of	11.	Statement value of bonds and stocks, current period2, 600, 000
	Column 6, Part 4		

SCHEDULE D - PART 1A - SECTION 1

		Quality and Matur		onas Ownea Decemb		ed Carrying Values by M	ajor Types of Issues a	and NAIC Designations		4.6	
	1	2	3	4	5	6	7	8	9	10	11
			Over 5 Years Through				Col. 6 as a	Total from Col. 6	% From Col. 7	Total Publicly	Total Privately Plac
Quality Rating per the NAIC Designation		5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)
1. U.S. Governments, Schedules D &	DA (Group 1)		•								
1.1 Class 1			2, 300, 000			2, 600, 000	97. 6	2, 300, 000	100. 0	2, 600, 000	
1.2 Class 2											
1.3 Class 3											
1.4 Class 4											
1.5 Class 5											
1.6 Class 6											
1.7 Totals		300,000	2, 300, 000			2,600,000	97.6	2, 300, 000	100.0	2, 600, 000	
2. All Other Governments, Schedules	D & DA (Group 2)	000, 000	2,000,000			2,000,000	01.0	2,000,000	100.0	2, 000, 000	
2.1 Class 1	62, 608				=	62, 608	2. 4			62, 608	
2.2 Class 2	02, 000					02, 000	4.4			02, 000	
2.3 Class 3											
			†								
2.4 Class 4											
2.5 Class 5											
2.6 Class 6											
2.7 Totals	62, 608					62, 608	2.4			62, 608	
3. States, Territories and Possessions	etc., Guaranteed, So	hedules D & DA (Grou	ıp 3)								
3.1 Class 1											
3.2 Class 2											
3.3 Class 3											
3.4 Class 4											
3.5 Class 5											
3.6 Class 6											
3.7 Totals											
4. Political Subdivisions of States, Te	rritories and Possess	ions Guaranteed Sch	edules D & DA (Group	4)							
4.1 Class 1			1	.,							
4.2 Class 2											
4.3 Class 3											
			†			·					
4.4 Class 4 4.5 Class 5											
4.6 Class 6											
4.7 Totals											
5. Special Revenue & Special Assess	ment Obligations etc.	, Non-Guaranteed, Sch	nedules D & DA (Group	5)							
5.1 Class 1											
5.2 Class 2											
5.3 Class 3			ļ			ļ					
5.4 Class 4											
5.5 Class 5											
5.6 Class 6											
5.7 Totals											

SCHEDULE D - PART 1A - SECTION 1 (continued)

	4	Quality and Maturi	<u> </u>	onds Owned Decembe		ed Carrying Values by N	lajor Types of Issues	and NAIC Designation		10	T 44
	1	Over 1 Vear Through	3 Over 5 Years Through	4 Over 10 Years	5	6	Col. 6 as a	8 Total from Col. 6	9 % From Col. 7	10 Total Publicly	11 Total Privately Placed
Quality Rating per the NAIC Designation	1 Year or Less	5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)
6. Public Utilities (Unaffiliated), Sched			10 10010	Through 20 Touro	01012010010	Total Guiront Tour	70 OI EIIIO 10.7	T Hot Tour	T HOL TOUL	Hudou	(α)
6.1 Class 1		1									
6.2 Class 2											
6.3 Class 3											
6.4 Class 4											
6.5 Class 5											
6.6 Class 6											
6.7 Totals											
7. Industrial & Miscellaneous (Unaffili	ated), Schedules D &	DA (Group 7)	•								
7.1 Class 1	,,	1									
7.2 Class 2											
7.3 Class 3											
7.4 Class 4											
7.5 Class 5											
7.6 Class 6											
7.7 Totals											
8. Credit Tenant Loans, Schedules D	& DA (Group 8)	•									
8.1 Class 1											
8.2 Class 2											
8.3 Class 3											
· · · ·											
8.5 Class 5											
8.6 Class 6											
8.7 Totals											
9. Parent, Subsidiaries and Affiliates,	Schedules D & DA (G	Group 9)									
9.1 Class 1											
9.2 Class 2											
9.3 Class 3											
9.4 Class 4											
9.5 Class 5											
9.6 Class 6											
9.7 Totals											

SCHEDULE D - PART 1A - SECTION 1 (continued)

		•	ty Distribution of All B	onas Ownea Decembe			ajor Types of Issues a	and NAIC Designations			
	1	2 0	3 O	4 Over 10 Years	5	6	(8	9	10	11
I'V D (C	4.77		Over 5 Years Through		0 00 1/	T / 10 / 1/	Col. 6 as a	Total from Col. 6	% From Col. 7	Total Publicly	Total Privately Place
uality Rating per the NAIC Designation	1 Year or Less	5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)
10. Total Bonds Current Year	00.000	000 000	0 000 000			0.000.000	100.0	3777	VA/V	0 000 000	
10.1 Class 1	62, 608	300, 000	2, 300, 000			2, 662, 608	100. 0	XXX	XXX	2, 662, 608	
10.2 Class 2						-		XXX	XXX		
10.3 Class 3								XXX	XXX		
10.4 Class 4						(c)		XXX	XXX		
10.5 Class 5						(c)		XXX	XXX		
10.6 Class 6		202 202	0.000.000			(b)	100.0	XXX	XXX	2 222 222	
10.7 Totals	62, 608	300,000	2, 300, 000				100. 0	XXX	XXX	2, 662, 608	
10.8 Line 10.7 as a % of Col. 6	2.4	11.3	86.4			100.0	XXX	XXX	XXX	100.0	
11. Total Bonds Prior Year											
11.1 Class 1	2, 100, 000		200, 000			XXX	XXX	2, 300, 000	100. 0	2, 300, 000	
11.2 Class 2						XXX	XXX				
11.3 Class 3						XXX	XXX				
11.4 Class 4						XXX	XXX				
11.5 Class 5						XXX	XXX	(c)			
11.6 Class 6						XXX	XXX	(c)			
11.7 Totals	2, 100, 000		200, 000			XXX	XXX	(b)2, 300, 000	100.0	2, 300, 000	
11.8 Line 11.7 as a % of Col. 8	91.3		8.7			XXX	XXX	100.0	XXX	100.0	
12. Total Publicly Traded Bonds											
12.1 Class 1	62, 608	300, 000	2, 300, 000			2, 662, 608	100. 0	2, 300, 000	100. 0	2, 662, 608	XXX
12.2 Class 2											XXX
12.3 Class 3											XXX
12.4 Class 4											XXX
12.5 Class 5											XXX
12.6 Class 6											XXX
12.7 Totals	62, 608	300, 000	2, 300, 000			2, 662, 608	100.0	2, 300, 000	100.0	2, 662, 608	XXX
12.8 Line 12.7 as a % of Col. 6	2.4	11.3	86.4			100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7,											
Col. 6, Section 10	2.4	11.3	86.4			100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds		•	,								
13.1 Class 1										XXX	
13.2 Class 2										XXX	
13.3 Class 3										XXX	
13.4 Class 4						T				XXX	
13.5 Class 5										XXX	
13.6 Class 6										XXX	
13.7 Totals										XXX	
13.8 Line 13.7 as a % of Col. 6							XXX	XXX	XXX	XXX	
13.9 Line 13.7 as a % of Coi. 0							AVV.	/VVL		/VVL	

⁽a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

SCHEDULE D - PART 1A - SECTION 2

	Maturity Distribu	ution of All Bonds O	wned December 31.	at Book/Adjusted C	arrying Values by N	lajor Type and Subty	pe of Issues				
	1	2	3	4	5	6	7	8	9	10	11
	•	Over 1 Year	Over 5 Years	Over 10 Years	Ü	Ů	Col. 6 as a %	Total from Col 6	% From Col. 7	Total Publicly	Total Privately
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year		Prior Year	Prior Year	Traded	Placed
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Issuer Obligations		300, 000	2, 300, 000			2, 600, 000	97. 6	2, 300, 000	100. 0	2, 600, 000	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities		,				, ,		, ,		, ,	
1.7 Totals		300,000	2, 300, 000			2, 600, 000	97.6	2, 300, 000	100.0	2, 600, 000	
2. All Other Governments, Schedules D & DA (Group 2)		000,000	2,000,000			2,000,000	01.0	2, 000, 000	100.0	£, 000, 000	
2.1 Issuer Obligations	62, 608					62, 608	2.4			62, 608	
2.2 Single Class Mortgage-Backed/Asset-Backed Securities	,					Ī				,	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
2.3 Defined											
2.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-											
BACKED SECURITIES											
2.5 Defined											
2.6 Other											
2.7 Totals	62, 608					62, 608	2.4			62, 608	
3. States. Territories, and Possessions Guaranteed. Schedules D & DA (Group 3)	0£, 000					υω, υυυ	£. ī			02,000	
3.1 Issuer Obligations											
3.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
3.3 Defined											
3.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-											
BACKED SECURITIES											
3.5 Defined											
3.6 Other											
3.7 Totals											
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Sched	lules D & DA (Group 4)	1									
4.1 Issuer Obligations											
4.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
4.3 Defined											
4.4 Other											
BACKED SECURITIES											
4.5 Defined											
4.6 Other											
4.7 Totals											
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Sched	lules D & DA (Group 5)	ī				ĺ					
5.1 Issuer Obligations							l				
5.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
5.3 Defined						 					
5.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-						ĺ					
BACKED SECURITIES						ĺ					
5.5 Defined											
5.6 Other											
5.7 Totals]				

SCHEDULE D - PART 1A - SECTION 2 (continued)

		Maturity Distribution	of All Bonds Owned	December 31, at Book	/Adjusted Carrying Va	lues by Major Type an	d Subtype of Iss	sues			
Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6. Public Utilities (Unaffiliated), Schedules D & DA	(Group 6)										
6.1 Issuer Obligations											
6.2 Single Class Mortgage-Backed/Asset-Based Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
6.3 Defined											
6.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
6.5 Defined											
6.6 Other											
6.7 Totals											
7. Industrial & Miscellaneous (Unaffiliated), Schedu	les D & DA (Group 7)										
7.1 Issuer Obligations	-										
7.2 Single Class Mortgage-Backed/Asset-Based Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
7.3 Defined											
7.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
7.5 Defined											
7.6 Other											
7.7 Totals											
8. Credit Tenant Loans, Schedules D & DA (Group	3)										
8.1 Issuer Obligations	-										
8.7 Totals											
9. Parents, Subsidiaries and Affiliates, Schedules I	& DA (Group 9)										
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Based Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
9.3 Defined											
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
9.5 Defined											
9.6 Other											
9.7 Totals											

SCHEDULE D - PART 1A - SECTION 2 (continued) Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Maturity Distrit	oution of All Bond	s Owned Decemb			lues by Major Ty			•			
	1	2	3	4	5	6	7	8	9	10	11
		Over 1 Year	Over 5 Years	Over 10 Years		Total	Col. 6 as a %			Total Publicly	Total Privately
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Current Year	of Line 10.7	Prior Year	Prior Year	Traded	Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	62, 608	300, 000	2, 300, 000			2, 662, 608	100. 0	XXX	XXX	2, 662, 608	
10.2 Single Class Mortgage-Backed/Asset-Backed Bonds								XXX	XXX		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
10.3 Defined								XXX	XXX		
10.4 Other								XXX	XXX	•	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
10.5 Defined								XXX	XXX		
10.6 Other								XXX	XXX		
10.7 Totals	62, 608	300, 000	2, 300, 000			2, 662, 608	100. 0	XXX	XXX	2, 662, 608	
10.8 Line 10.7 as a % of Col. 6	2.4	11.3	86.4			100.0	XXX	XXX	XXX	100.0	
11. Total Bonds Prior Year											
11.1 Issuer Obligations	2, 100, 000		200, 000		<u> </u>	XXX	XXX	2, 300, 000	100. 0	2, 300, 000	
11.2 Single Class Mortgage-Backed/Asset-Backed Bonds						XXX	XXX	-			
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
11.3 Defined						XXX	XXX				
11.4 Other						XXX	XXX				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES						1007	1007				
11.5 Defined						XXX	XXX	•			
11.6 Other	0.400.000		000 000			XXX	XXX	0.000.000	400.0	0.000.000	
11.7 Totals	2, 100, 000		200, 000			XXX	XXX	2, 300, 000	100. 0	2, 300, 000	
11.8 Line 11.7 as a % of Col. 8	91.3		8.7			XXX	XXX	100.0	XXX	100.0	
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	62, 608	300, 000	2, 300, 000			2, 662, 608	100. 0	2, 300, 000	100. 0	2, 662, 608	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Bonds											XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
12.3 Defined											XXX
12.4 Other											XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											XXX
12.5 Defined											XXX
12.6 Other	62, 608	000 000	0 000 000			2, 662, 608	100.0	0.000.000	100.0	0 000 000	
12.7 Totals	,	300,000	2, 300, 000 86. 4			,,	100. 0 XXX	2, 300, 000 XXX	100. 0 XXX	2, 662, 608 100, 0	XXX XXX
12.8 Line 12.7 as a % of Col. 6	2. 4 2. 4	11.3 11.3	86. 4 86. 4			100.0 100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	2.4	11. 3	80.4			100.0	ллл	λλλ	АЛЛ	100.0	λλλ
13. Total Privately Placed Bonds										1777	
13.1 Issuer Obligations						 	†	 	†	XXX	
13.2 Single Class Mortgage-Backed/Asset-Backed Bonds									+	XXX	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES										XXX	
13.3 Defined										XXX	
13.4 Other											
										XXX	
13.5 Defined						†				XXX	
13.6 Other						-		-		XXX	
13.7 Totals							XXX	XXX	XXX	XXX	
13.8 Line 13.7 as a % of Col. 6							XXX	XXX	XXX	XXX	
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10]		ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	

12. Income collected during year13. Income earned during year

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE XANTUS Healthplan of Tennessee, Inc.

SCHEDULE DA - PART 2

Verification of SHORT-TERM INVEST	MENTS Between Years				
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
Book/adjusted carrying value, prior year	15, 674, 252			15, 674, 252	
Cost of short-term investments acquired	-				
Increase (decrease) by adjustment	(15, 611, 643)			(15, 611, 643)	
Increase (decrease) by foreign exchange adjustment					
5. Total profit (loss) on disposal of short-term investments			-		
Consideration received on disposal of short-term investments					
7. Book/adjusted carrying value, current year	62, 608			62, 608	
Total valuation allowance					
9. Subtotal (Lines 7 plus 8)	62, 608			62, 608	
10. Total nonadmitted amounts				-	
11. Statement value (Lines 9 minus 10)	62, 608			62, 608	

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY NONE

Schedule DB - Part D - VBY NONE

Schedule DB - Part E - VBY NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

5

0399999 Totals

SCHEDULE S - PART 3 - SECTION 2

			Re	einsurance Ceded Accident and Health Insur		d by Reinsuring Con		er 31. Current Year				
1	2	3	4	5	6	7	8	9	Outstanding	Surplus Relief	12	13
NAIC	_		·	-		-		Reserve Credit	10	11	Modified	
Company	Federal ID						Unearned Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Company	Location	Type	Premiums	(estimated)	Unearned Premiums	Current Year	Prior Year		Under Coinsurance
0199999	· Total Affiliate	S.	rame or company	2000	.,,,,,	1 10111101110	(commutou)	0110411104111011141110	ourron rour		11000110	Citati Comodiano
69078	13-5679267		Standard Security Life Insurance	New York, NY, USA	SSL/L	267, 485						
	Total - Non-Aff		Standard Security Effe Thourance.	New York, MI, CON	551/ 1	267, 485						
0233333	Total Non All	IIIaccs				201, 100						
	•											
						•						
		•										
		•				•						
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					 			}				
					 			}				
1		L			L							

Schedule S - Part 4 NONE

Schedule S-Part 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

(ood Omitted)										
		1 2002	2 2001	3 2000	4 1999	5 1998				
Δ.	OPERATIONS ITEMS									
	OI ENATIONS TEMS									
1.	Premiums									
2.	Title XVIII-Medicare									
3.	Title XIX-Medicaid	267	66							
4.	Commissions and reinsurance expense allowance									
5.	Total medical and hospital expenses									
В.	BALANCE SHEET ITEMS									
6.	Premiums receivable									
7.	Claims payable									
8.	Reinsurance recoverable on paid losses									
9.	Experience rating refunds due or unpaid									
10.	Commissions and reinsurance expense allowances unpaid									
11.	Unauthorized reinsurance offset									
	INAUTHORIZED DEINGURANCE (DEDOCITO DV AND									
	JNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)									
12.	Funds deposited by and withheld from (F)									
13.	Letters of credit (L)									
14.	Trust agreements (T)									
	Other (O)									
١٥.	Outer (O)									

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 9)	17, 851, 406		17, 851, 406
2.	Amounts recoverable from reinsurers (Line 12)			
3.	Accident and health premiums due and unpaid (Line 10)			
4.	Net credit for ceded reinsurance	xxx		
5.	All other admitted assets (Balance)	32, 333, 790		32, 333, 790
6.	Total assets (Line 23)	50, 185, 196		50, 185, 196
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	95, 543, 247		95, 543, 247
8.	Accrued medical incentive pool and bonus payments (Line 2)			
9.	Premiums received in advance (Line 6)			
10.	Reinsurance in unauthorized companies (Line 14)			
11.	All other liabilities (Balance)	32, 144, 705		32, 144, 705
12.	Total liabilities (Line 18)	127, 687, 952		127, 687, 952
13.	Total capital and surplus (Line 26)	(77, 502, 757)	XXX	(77, 502, 757
14.	Total liabilities, capital and surplus (Line 27)	50, 185, 196		50, 185, 196
	NET CREDIT FOR CEDED REINSURANCE			
15.	Claims unpaid			
16.	Accrued medical incentive pool			
17.	Premiums received in advance			
18.	Reinsurance recoverable on paid losses			
19.	Other ceded reinsurance recoverables			
20.	Total ceded reinsurance recoverables			
21.	Premiums receivable			
22.	Unauthorized reinsurance			
23.	Other ceded reinsurance payables/offsets			
24.	Total ceded reinsurance payable/offsets			
25.	Total net credit for ceded reinsurance			

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

			1	2	States and Territories		siness Only	
				l	3	4	5	6
			Guaranty Fund	Is Insurer Licensed?		Medicare	Medicaid	Federal Employees Health Benefits
	States, Etc.		(Yes or No)	(Yes or No)	Premiums	Title XVIII	Title XIX	Program Premiums
	Alabama							
	Alaska							
	Arizona							
	Arkansas California					·	-	
	Colorado							
	Connecticut							
	Delaware							
9.	District of Columbia	DC						
10.	Florida							
	Georgia							
	Hawaii							
	Idaho							
	Illinois					-		
	Indianalowa							
	Kansas							
	Kentucky							
	Louisiana							
20.	Maine	ME						
21.	Maryland	MD						
	Massachusetts							
23.	Michigan							
	Minnesota							
	Mississippi						-	
	Missouri Montana							
	Nebraska							
	Nevada							
	New Hampshire							
	New Jersey							
32.	New Mexico	NM						
33.	New York	NY						
	North Carolina							
	North Dakota							
	Ohio							
	Oklahoma							
	Oregon							
	PennsylvaniaRhode Island							
	South Carolina							
	South Dakota							
	Tennessee			Yes			316, 314, 246	
44.	Texas	TX				ļ		<u> </u>
45.	Utah	UT				-	-	-
	Vermont					-		-
	Virginia							
	Washington					†	-	<u> </u>
	West Virginia			 		-		
	Wisconsin					İ	-	İ
	American Samoa							
	Guam							
	Puerto Rico							
	U.S. Virgin Islands							
	Canada							
	Aggregate other alien	OT	XXX	XXX				
58.	Total (Direct Business)		XXX	(a) 1			316, 314, 246	
	DETAILS OF WRITE-INS							
						-	-	
5702.						†	+	
5703.	Summary of remaining write-ins for I							

Explanation of basis of allocation by states, premiums by state, etc.:

(a) Insert the number of yes responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER AND HMO MEMBERS OF A HOLDING COMPANY **GROUP**

PART 1 - ORGANIZATIONAL CHART

Xantus Corporation, Inc.

(Federal ID # 62-1532618)

Owns 100% of the stock of Xantus Healthplan of Tennessee, Inc.

Xantus Healthplan of Tennessee, Inc.

(Federal ID # 62-1532191)

Fully-Owned Subsidiary of

Xantus Corporation, Inc.

Note: On March 31, 1999 a consent order appointing the Insurance Commissioner as Receiver for purposes of Rehabilitation was entered against Xantus Healthplan of Tennessee, Inc.

Schedule Y - Part 2 NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	Yes	L]	No	[X	J
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes	[X]	No]]
3.	Will an actuarial certification be filed by March 1?	Yes	[X]	No]]
4.	Will the Risk-based Capital Report be filed with the NAIC by March 1?	Yes	[]	No	[X]
5.	Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes	[]	No	[X]
6.	Will the SVO Compliance Certification be filed by March 1?	Yes	[X]	No]]
	APRIL FILING						
7.	Will Management's Discussion and Analysis be filed by April 1?	Yes	[X]	No]]
8.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?	Yes	[]	No	[X]
9.	Will the Investment Risks Interrogatories be filed by April 1?	Yes	[X]	No]]
	JUNE FILING						
10.	Will an audited financial report be filed by June 1 with the state of domicile?	Yes	ΓХ	1	No	ſ	1

EXPLANATIONS:

BAR CODE:

- *95465200236058000*
- *95465200239000000*
- *95465200239000000*
- *95465200233058000*

OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 22.

*	Λ	c	c	⊏-	ГS
- 4	П	o	o	_	ıo

2204. Prepaid Service Contracts	12, 472	12, 472	
2205. Vendor Deposits	10, 885	10, 885	
2297. Summary of remaining write-ins for Line 22 from Page 2	23, 357	23, 357	

M003 Additional Aggregate Lines for Page 03 Line 17. *LIAB

1704. Payroll Other				8, 599
1705. Payroll 401k Payable		1		9, 279
1706. Payroll Insurance Payable	5, 429		5, 429	(2, 270)
1707. Salaries and Wages Pavable	182, 332		182, 332	303, 152
1708. PTO Pavable	232, 347		232, 347	,
1797. Summary of remaining write-ins for Line 17 from Page 03	420, 108		420, 108	318, 761

M004 Additional Aggregate Lines for Page 04 Line 13. *REVEX1

1304.	Durable Médical Equipment	 5, 919, 139	4, 702, 879
1305.	Lab	 31, 263	24, 839
1306.	Member Copays.	 (996, 614)	
1307.	Claims Other	 (166, 885)	
1308.	COB and Subrogation	 (6, 052, 341)	(2, 173, 331)
1397.	Summary of remaining write-ins for Line 13 from Page 04	(1, 265, 439)	2, 554, 387

M005 Additional Aggregate Lines for Page 05 Line 45. *REVEX2

4504.	Prior Period Adjustment – TennCare Pre-Petition Claims	(1, 093, 240)
4597.	Summary of remaining write-ins for Line 45 from Page 05	(1,093,240)

M016 Additional Aggregate Lines for Page 16 Line 4.

EXNONADMIT			
0404. Prepaid Operating Expense.		2.160	2.160
0405. Vendor Deposits	10.885	10,000	(885)
0497 Summary of remaining write-ins for Line 4 from Page 16	10 885	12 160	1 275

OVERFLOW PAGE FOR WRITE-INS

M007 Additional Aggregate Lines for Page 07 Line 12.

*ANAOPS								
1204. Durable Medical Equipment	5, 919, 139					5, 919, 139		
1205. Lab	31, 263					31, 263		1
1206. Member Copays	(996, 614)					(996, 614)		1
1206. Member Copays	(166, 885)	(2, 464)				(169, 621)		5, 200
1208. COB and Subrogation	(6, 052, 341)	, , ,				(6, 052, 341)		1
1297. Summary of remaining write-ins for Line 12 from	, , , , ,							
page 7	(1, 265, 439)	(2,464)				(1, 268, 175)		5, 200

Schedule A - Part 1

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

SCHEDULE D - PART 1

	Showing all Long-Term BONDS Owned December 31 of Current Year																			
1	2	3	Inte	rest	6	7	8	g g	10	11	12	13	Inte	rest	16	17	18	19	20	21
'	2	3	4	5	٠	′	0	9	10	''	12	13	14	15	10	17	Amount of	19	20	21
			7	3									17	10			Interest Due		,	
																	and Accrued		1 '	
													Amount Due				Dec. 31		1 '	
										Rate			and Accrued				Current		1 '	Effec-
										Used			Dec. 31 of			Increase	Year, on		1 '	tive
										to			Current Year	Gross	Increase	(Decrease)	Bonds in		1	Rate
								Book/Adjusted		Obtain			on Bonds	Amount	(Decrease)	by Foreign	Default as to	NAIC	1 '	of
CUSIP			Rate	How	Maturity		Option	Carrying	Par	Fair	Fair	Actual	not in	Received	by	Exchange	Principal or	Desig-	Date	In-
Identification	Description	*	of	Paid		Option Date		Value	Value	Value	Value	Cost	Default	During Year	Adjustment	Adjustment	Interest	nation	Acquired	terest
312925-W7-1	Federal Home Loan Mortgage CRP Notes	1		Cash	08/20/2012	Option Date		2, 100, 000	2, 100, 000	74.40	2, 104, 935	2, 104, 935	Bolault	During roas	/ tajaotimoni	/ tajaotinoni		1	08/20/2002	5. 095
3133MF-NW-4	Federal Hone Loan Mortgage CRP Notes. Federal Hone Loan Bank Bonds. United States Treasury Notes.	-1	6. 355	Cash	07/11/2011			200, 000	200, 000		200, 000	200, 000						1	07/11/2001	6. 355
912828-AB-6	United States Treasury Notes		3. 375	Cash	04/30/2004			300,000	300, 000		302, 879	302, 879						1	05/03/2002	2. 890
		-						2,600,000	2,600,000	XXX	2,607,814	2,607,814						XXX	XXX	XXX
								2,600,000	2,600,000	XXX	2,607,814	2,607,814					1	XXX	XXX	XXX
0100000 - Ta	otal Bonds - U.S. Government - Issuer Obligations							2,600,000	2,600,000	XXX	2,607,814	2, 607, 814					1	XXX	XXX	XXX
01000000 Ta	otal Bonds - U.S. Government - Single Class Mortgage-	Packo	d/Accet	Packed S	Cocurities			2,000,000	۵,000,000	XXX	2,007,014	2,007,014					1	XXX	XXX	XXX
0233333 - 10	onds - U.S. Government - Strigte class mortgage-	- Dacke	u/ ASSet-	Dackeu S	becurres			2,600,000	2,600,000	XXX	2, 607, 814	2, 607, 814					1	XXX	XXX	XXX
	onds - U.S. Government Bonds							2, 600, 000	2,600,000	XXX	2,607,814	2,607,814			-			XXX	XXX	XXX
	otal - Issuer Obligations							2, 600, 000	2, 600, 000	XXX	2, 607, 814	2, 607, 814						XXX	XXX	XXX
5599999 - 10	otal - Single Class Mortgage-Backed/Asset-Backed Secu	ırıtıe	S	1	T .	1				XXX								XXX	XXX	XXX
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6099999 To						+	+	2, 600, 000	2,600,000	XXX	2, 607, 814	2, 607, 814				<u> </u>	-	XXX	XXX	XXX
I 0099999 I	Jiais							2, 600, 000	z. 600. 000	I XXX	z. 607. 814	2.607.814	1		1			ı XXX	XXX	XXX

Schedule D - Part 2 - Section 1 NONE

Schedule D - Part 2 - Section 2

NONE

SCHEDULE D - PART 3

Showing All Long-1	Form Ronds and Sto	cke ACOURED Du	ring Current Vear

1 2 3 4 5 6 7		Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year											
Identification Description Date Acquired Name of Vendor Shares of Stock Cost Par Value	1	2	3	4	5	6	7	8					
Identification Description Date Acquired Name of Vendor Shares of Stock Cost Par Value	CUSIP				Number of	Actual		Paid for Accrued					
912828-AB-6	Identification	Description	Date Acquired	Name of Vendor	Shares of Stock		Par Value	Interest and Dividends					
039999 - Total - Bonds - U. S. Government 300,000 312925-W-1 Federal Home Loan Mortgage CRP Notes. 08/20/2002 First Tennessee Brokerage. 2,100,000 6099997 - Total - Bonds - All Other Government 2,400,000 6099998 - Total - Bonds - Part 3 2,400,000 6099999 - Total - Bonds - Part 5 2,400,000 6099999 - Total - Bonds Part 5 2,400,000 6099999 - Total - Bonds Part 5 2,400,000 6099999 - Total - Preferred Stocks - Part 5 2,400,000 6099999 - Total - Common Stocks - Part 5 2,400,000 6099999 - Total - Common Stocks - Part 5 2,400,000 6099999 - Total - Common Stocks - Part 5 2,400,000 6099999 - Total - Common Stocks - Part 5 2,400,000 6099999 - Total - Common Stocks - Part 5 2,400,000 6099999 - Total - Common Stocks - Part 5 2,400,000 6099999 - Total - Common Stocks - Part 5 2,400,000 6099999 - Total - Common Stocks - Part 5 2,400,000 6099999 - Total - Common Stocks - Part 5 2,400,000 6099999 - Total - Common Stocks - Part 5 2,400,000 6099999 - Total - Common Stocks - Part 5 2,400,000 6099999 - Total - Common Stocks - Part 5 2,400,000 6099999 - Total - Common Stocks - Part 5 2,400,000 60999999 - Total - Common Stocks - Part 5 2,400,000 609999999 - Total - Preferred Stocks - Part 5 2,400,000 60999999999999999999999999999999999999	912828-AB-6	United States Treasury Notes	05/03/2002	First Tennessee Brokerage									
312925-W-1	0399999 - Total - Bo	Sonds - U.S. Government		1									
1099999 - Total - Bonds - All Other Government	312925-W7-1	Federal Home Loan Mortgage CRP Notes	08/20/2002	First Tennessee Brokerage				†					
6099997 - Total - Bonds - Part 3 6099998 - Total - Bonds - Part 5 6099999 - Total - Bonds 6099999 - Total - Bonds 6099999 - Total - Bonds 6099999 - Total - Preferred Stocks - Part 5 6099999 - Total - Preferred Stocks - Part 5 6099999 - Total - Common Stocks - Part 5 7099998 - Total - Common Stocks 7099999 - Total - Common Stocks XXX XXX	1099999 - Total - Bo	Ronds - All Other Government		11100 1011100000 21 0101 1100									
6099998 - Total - Bonds - Part 5 6099999 - Total - Bonds 5,400,000 659998 - Total - Preferred Stocks - Part 5 XXX 6599999 - Total - Preferred Stocks - Part 5 XXX 7099998 - Total - Common Stocks - Part 5 XXX 7099999 - Total - Common Stocks - Part 5 XXX													
6099999 - Total - Bonds 2,400,000 6599998 - Total - Preferred Stocks - Part 5 XXX 6599999 - Total - Preferred Stocks XXX 7099998 - Total - Common Stocks - Part 5 XXX 7099999 - Total - Common Stocks XXX						2, 100, 000							
6599998 - Total - Preferred Stocks - Part 5 XXX 6599999 - Total - Preferred Stocks XXX 7099998 - Total - Common Stocks - Part 5 XXX 7099999 - Total - Common Stocks XXX	6099999 - Total - Re	Ronds				2 400 000		†					
659999 - Total - Preferred Stocks XXX 709998 - Total - Common Stocks - Part 5 XXX 709999 - Total - Common Stocks XXX						2, 100, 000	XXX						
709998 - Total - Common Stocks - Part 5 XXX 7099999 - Total - Common Stocks XXX								+					
709999 - Total - Common Stocks XXX							AAA VVV	+					
							XXX						
719999 - Total - Preferred and Common Stocks XXX													
	7199999 - Total - Pi	referred and Common Stocks					XXX						
						·							
								-					
						<u> </u>							
7299999 Totals 2, 400, 000 XXX	7200000 Totale]		2 400 000	XXX						

E12

SCHEDULE D - PART 4

			Showing all L	ong-Term Bonds	and Stocks SOLD,	REDEEMED or Ot	herwise DISPOSE	D OF During Curr	ent Year						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
										Increase					
									Increase	(Decrease)	Foreign			Interest on	Dividends on
				Number of				Book/Adjusted	(Decrease)	by Foreign	Exchange	Realized Gain	Total Gain	Bonds	Stocks
CUSIP		Disposal		Shares of				Carrying Value at	by	Exchange	Gain (Loss)	(Loss) on	(Loss) on	Received	Received
Identification	Description	Date	Name of Purchaser	Stock	Consideration	Par Value	Actual Cost	Disposal Date	Adjustment	Adjustment	on Disposal	Disposal	Disposal	During Year	During Year
3133MB-XZ-5 I	Federal Home Loan Bank	08/15/2002	AmSouth Capital Markets		2, 100, 000	2, 100, 000	2, 100, 000	2, 100, 000						70, 875	
	nds - All Other Governments				2, 100, 000	2, 100, 000	2, 100, 000	2, 100, 000						70, 875	XXX
6099997 - Bon					2, 100, 000	2, 100, 000	2, 100, 000	2, 100, 000						70, 875	XXX
6099998 - Bon															XXX
6099999 - Tot					2, 100, 000	2, 100, 000	2, 100, 000	2, 100, 000						70, 875	XXX
	eferred Stocks - Part 5					XXX								XXX	
	al - Preferred Stocks					XXX								XXX	
	mon Stocks - Part 5					XXX								XXX	
	al - Common Stocks					XXX								XXX	<u> </u>
7199999 - 10t	al - Preferred and Common Stocks		1	ı		XXX								XXX	↓
		· · · · · · · · · · · · · · · · · · ·													
											ļ				·
															-
7299999 Tot	tale				2, 100, 000	XXX	2, 100, 000	2, 100, 000						70, 875	
1299999 101	lais				۷, 100, 000	ллл	۷, 100, 000	۷, 100, 000						70,875	

Schedule D - Part 5

Schedule D - Part 6 - Section 1

Schedule D - Part 6 - Section 2

NONE

SCHEDULE DA - PART 1

Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

				Sho	wing all \$	SHORT-TERM	INVESTMENTS	Owned December	er 31 of Current '	Year						
1	2	3	4	Intere	est	7	8	9	10	11	12	Inte	erest	15	16	17
				5	6	1						13	14]		
CUSIP Identification		Date Acquired	Name of Vendor	Rate of	How Paid	Maturity Date	Book/Adjusted Carrying Value	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Par Value	Actual Cost	Amount Due and Accrued Dec. 31 of Current Year on Bonds Not in Default		Paid for Accrued Interest	NAIC Desig- nation	Effective Rate of Interest
0299999 - U	.S. Governments - Single Class Mortgage-Ba	acked/Asset-Bac	cked Securities										<u> </u>		XXX	XXX
	otal - U.S. Government Bonds Local Government Investment Pool (LGIP)		State of Tennessee (Account # 519299)	1. 630	Cash		62, 608								XXX 1	XXX 1. 630
0499999 - A	ll Other Governments - Issuer Obligations	•			Cuore		62,608								XXX	XXX
1099999 - T	otal - All Other Government Bonds						62, 608							1	XXX	XXX
5499999 - T	otal - Issuer Obligations otal - Single Class Mortgaged-Backed/Asset						62, 608								XXX	XXX
5599999 - T	otal - Single Class Mortgaged-Backed/Asset	t-Backed Securi	ities												XXX	XXX
6099999 - T	otal - Bonds				•		62, 608						<u> </u>		XXX	XXX

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8099999 T	otale						62 608	(a)	1	XXX	1	I		1	XXX	XXX

(a) Includes \$other than accrual of discount and amortization of premium.

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part A - Section 2

NONE

Schedule DB - Part A - Section 3

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part B - Section 2

NONE

Schedule DB - Part B - Section 3

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Part C - Section 3

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DB - Part D - Section 3

NONE

Schedule DB - Part E - Section 1

NONE

SCHEDULE DM

For bonds and preferred stocks owned as of December 31, state the aggregate statement (admitted) value, the aggregate fair value, and the aggregate difference, if any, between them.

	1 Statement (Admitted) Value	2 Fair Value (a)	3 Excess of Statement over Fair Value(-), or Fair Value over Statement (+)
1. Bonds	2, 662, 608	2, 662, 608	
2. Preferred Stocks			
3. Totals	2, 662, 608	2, 662, 608	
(a) Amortized or book values shall not be substituted for fair values. Describe the sources or methods utilize			

SCHEDULE E - PART 1 - CASH

		ЭАЗП			
1 Popository	2 Rate of Interest	3 Amount of Interest Received During Year	4 Amount of Interest Accrued December 31 of Current Year	5 Balance	*
0199998 Denosits in denositories that do not exceed the	interest	real	Current rear	Dalance	+
Depository 0199998 Deposits in depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories	XXX XXX			15, 181, 683 15, 181, 683	XXX
0199999 Totals - Open Depositories	XXX			15, 181, 683	XXX
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0399999 Total Cash on Deposit 0499999 Cash in Company's Office	XXX			15, 181, 683	XX
0499999 Cash in Company's Office	XXX	XXX	XXX	500	XX
0599999 Total Cash	XXX	l		15, 182, 183	XX

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EA	ACH MONTH DURING THE CURRENT YEAR

1. January	30, 063, 663	4. April	17, 080, 155	7. July	17, 410, 692	10. October	14, 509, 638
2. February	23, 806, 834	5. May	15, 255, 178	8. August	11, 253, 024	11. November	12, 843, 884
3. March	21 085 270	6. June	18 188 654	9. September	14, 251, 478	12. December	15 244 791

Schedule E - Part 2 NONE

Illinois Only Ex of Enrollment and Util NONE

Illinois Exhibit 8
NONE

Illinois Investment Supplement NONE

95465200231000000

SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE XANTUS Healthplan of Tennessee, Inc.

LONG-TERM CARE EXPERIENCE REPORTING FORM - A NATIONWIDE EXPERIENCE CLAIM EXPERIENCE BY CALENDAR DURATION

		1	_	(TO BE FILED BY AF				NAIC Company Code	
	1	2	3 Earned Premiums by		5 Re erve for Incurred but	6	7 Change in Policy (Active Life) Reserves Over the	8 Anticipated Calendar	9
Calendar Duration	Policy Form	First Year Issued	Duration	cu ed and Pa	npaid	Total Incurred Claims	Experience Period	Duration Loss Percentage	Number of Insured Li
0		1777			·				
I	XXX	XXX			— ———————————————————————————————————				
Z	XXX	XXX							
3	XXX	XXX							
4	XXX XXX	XXX XXX					-		
5-9	XXX	XXX							
	ллл	ΛΛΛ						XXX	
al Calendar Year		1.0	<u> </u>	<u> </u>				λλλ	
by Form - Calendar Year (a)	Actual Loss Percentage (Col. 6/Co	il. 3); (b)	Anticipated Loss Percentage	(see Instruction Form A Iter	m 9)	(c) Actual to Anticipated Los	ss Percentage (a/b)		
	1	2	3	4	5	6	7	8	9
0	3777	VIN							
I	XXX	XXX							
Z	XXX	XXX							
3	XXX	XXX					-		
5-9	XXX	XXX XXX					-		
	XXX XXX	XXX					-		
	ААА	λλλ					.	7777	
tal Calendar Year	Actual Loss Percentage (Col. 6/Co		Anticipated Loss Percentage	<u> </u>	<u> </u>	(c) Actual to Anticipated Los	<u> </u>	XXX	
	1	2	3	4	5	6	7	8	9
0									
0	XXX	XXX							
0 1 2	XXX XXX	XXX XXX							
0 1 2 3	XXX XXX XXX	XXXXXX							
0 1 2 3 4	XXX XXX XXX	XXX XXX XXX							
0	XXX XXX XXX XXX	XXX XXX XXX XXX							
0 1 2 3 4 5-9 10+	XXX XXX XXX	XXX XXX XXX							
10+ al Calendar Year	XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX						XXX	
10+ al Calendar Year	XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX	Anticipated Loss Percentage	(see Instruction Form A Iter	n 9)	(c) Actual to Anticipated Los	ss Percentage (a/b)	XXX	
10+ tal Calendar Year	XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX	Anticipated Loss Percentage	(see Instruction Form A Iter	m 9)	(c) Actual to Anticipated Los	ss Percentage (a/b)	XXX	
10+ al Calendar Year	XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX	Anticipated Loss Percentage	(see Instruction Form A Iter	n 9)	(c) Actual to Anticipated Los	ss Percentage (a/b)	XXX 8	9
10+ al Calendar Year icy Form - Calendar Year (a)	XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX		.					9 XXX
10+ al Calendar Year icy Form - Calendar Year (a)	XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX		.			7 XXX	8 XXX XXX	
10+ al Calendar Year icy Form - Calendar Year (a) Individual Group direct response	XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX		.			7 XXX XXX	8 XXX XXX	XXX XXX
10+ tal Calendar Year	XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX		.			7 XXX	8 XXX	XXX

95465200232000000

SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE XANTUS Healthplan of Tennessee, Inc.

LONG-TERM CARE EXPERIENCE REPORTING FORM - B NATIONWIDE EXPERIENCE CUMULATIVE CLAIM EXPERIENCE

IC Group Code 1239			(TO BE FILED BY A	APRIL 1)			NAIC Company Code	95465									
	1	2	3	4	5	6	7	8									
Calendar Duration	Policy Form	First Year Issued	Act all Engled remark	A par incurred Claims	Anticipated Earned Premium	Anticipated Incurred Claim	Policy Reserves	Number of Insured Liv									
0	• • • • • • • • • • • • • • • • • • • •																
11	XXX	XXX															
2	XXX	XXX															
3	XXX	XXX															
4	XXX	XXX															
5-9	XXX	XXX															
10+	XXX	XXX															
nulative Total					XXX	XXX	XXX	XXX									
cy Form - Cumulative (a) Actual Loss	Percentage (Col. 4/Col. 3)	; (b) Anticipated Loss Percentage	(see Instruction Form B Ite	ems 9 and 10)	(c) Actual to Anticipa	ated Loss Percentage (a/b)											
	1	2	3	4	5	6	7	8									
	XXX	XXX															
Z	XXX XXX	XXX															
<u>3</u>	XXX	XXX															
5-9	XXX	XXX XXX															
10+	XXX	XXX															
nulative Total		; (b) Anticipated Loss Percentage	(see Instruction Form B Ite	ems 9 and 10)	XXX (c) Actual to Anticipa	XXX ated Loss Percentage (a/b)	XXX	XXX									
nulative Total		1	(see Instruction Form B Ite	ems 9 and 10)4			XXX7	XXX 8									
mulative Total	Percentage (Col. 4/Col. 3)	; (b) Anticipated Loss Percentage	,	,	(c) Actual to Anticipa	ated Loss Percentage (a/b)											
nulative Total	Percentage (Col. 4/Col. 3) 1 XXX	; (b) Anticipated Loss Percentage	,	,	(c) Actual to Anticipa	ated Loss Percentage (a/b)											
mulative Total	Percentage (Col. 4/Col. 3) 1	; (b) Anticipated Loss Percentage	,	,	(c) Actual to Anticipa	ated Loss Percentage (a/b)											
mulative Total	Percentage (Col. 4/Col. 3) 1 XXX XXX XXX	; (b) Anticipated Loss Percentage 2 XXX XXX XXX XXX	,	,	(c) Actual to Anticipa	ated Loss Percentage (a/b)											
nulative Total cy Form - Cumulative (a) Actual Loss 0 1 2 3 4	Percentage (Col. 4/Col. 3) 1 XXX XXX XXX XXX XXX	; (b) Anticipated Loss Percentage 2 XXX XXX XXX XXX XXX XXX	,	,	(c) Actual to Anticipa	ated Loss Percentage (a/b)											
nulative Total cy Form - Cumulative (a) Actual Loss 0	Percentage (Col. 4/Col. 3) 1 XXX XXX XXX XXX XXX XXX	; (b) Anticipated Loss Percentage 2 XXX XXX XXX XXX XXX XXX XXX	,	,	(c) Actual to Anticipa	ated Loss Percentage (a/b)											
nulative Total cy Form - Cumulative (a) Actual Loss 0. 1 2. 3. 4 5-9. 10+	Percentage (Col. 4/Col. 3) 1 XXX XXX XXX XXX XXX	; (b) Anticipated Loss Percentage 2 XXX XXX XXX XXX XXX XXX	,	,	(c) Actual to Anticipa	ted Loss Percentage (a/b)	7	8									
mulative Total icy Form - Cumulative (a) Actual Loss 0 1 2 3 4 5-9	Percentage (Col. 4/Col. 3) 1 XXX XXX XXX XXX XXX XXX XXX	2 XXX XXX XXX XXX XXX XXX XXX XXX XXX	3	4	(c) Actual to Anticipa	ated Loss Percentage (a/b)											
nulative Total cy Form - Cumulative (a) Actual Loss	Percentage (Col. 4/Col. 3) 1 XXX XXX XXX XXX XXX XXX XXX	; (b) Anticipated Loss Percentage 2 XXX XXX XXX XXX XXX XXX XXX	3	4	(c) Actual to Anticipa	ted Loss Percentage (a/b)	7	8									
nulative Total cy Form - Cumulative (a) Actual Loss 0	Percentage (Col. 4/Col. 3) 1 XXX XXX XXX XXX XXX XXX XXX	; (b) Anticipated Loss Percentage 2 XXX XXX XXX XXX XXX XXX XXX	3	4	XXX (c) Actual to Anticipa XXX (c) Actual to Anticipa	6 XXX ated Loss Percentage (a/b)	7 XXX XXX	XXX 8									
nulative Total by Form - Cumulative (a) Actual Loss 0	Percentage (Col. 4/Col. 3) 1 XXX XXX XXX XXX XXX XXX XXX	; (b) Anticipated Loss Percentage 2 XXX XXX XXX XXX XXX XXX XXX	(see Instruction Form B Ite	ems 9 and 10)	XXX (c) Actual to Anticipa XXX (c) Actual to Anticipa 5 XXX	ated Loss Percentage (a/b) 6 XXX ated Loss Percentage (a/b) 6 XXX ated Loss Percentage (a/b) 6 XXX	XXX XXX	XXX 8 8 XXX									
nulative Total cy Form - Cumulative (a) Actual Loss 0	Percentage (Col. 4/Col. 3) 1 XXX XXX XXX XXX XXX XXX XXX	; (b) Anticipated Loss Percentage 2 XXX XXX XXX XXX XXX XXX XXX	(see Instruction Form B Ite	ems 9 and 10)	XXX XXX (c) Actual to Anticipa XXX XXX Structure of the control of the contr	ated Loss Percentage (a/b) 6 XXX ated Loss Percentage (a/b) 6 XXX XXX XXX XXX	7 XXX 7 XXX XXX XXX	8 XXX XXX XXX XXX									
nulative Total cy Form - Cumulative (a) Actual Loss 0	Percentage (Col. 4/Col. 3) 1 XXX XXX XXX XXX XXX XXX XXX	; (b) Anticipated Loss Percentage 2 XXX XXX XXX XXX XXX XXX XXX	(see Instruction Form B Ite	ems 9 and 10)	XXX (c) Actual to Anticipa XXX (c) Actual to Anticipa 5 XXX XXX XXX XXX XXX	ated Loss Percentage (a/b) 6 XXX ated Loss Percentage (a/b) 6 XXX XXX XXX XXX XXX XXX	7 XXX 7 XXX XXX XXX XXX XXX XX	8 XXX	nulative Total cy Form - Cumulative (a) Actual Loss 0	Percentage (Col. 4/Col. 3) 1 XXX. XXX. XXX. XXX. XXX. XXX. XXX. XXX. Percentage (Col. 4/Col. 3)	; (b) Anticipated Loss Percentage 2 XXX XXX XXX XXX XXX XXX XXX	(see Instruction Form B Ite	ems 9 and 10)	XXX XXX (c) Actual to Anticipal XXX XXX 5 5 XXX XXX XXX XXX XX	ated Loss Percentage (a/b) 6 XXX XXX XXX XXX XXX XXX	7 XXX XXX 7 XXX XXX XXX XXX XX	8
nulative Total cy Form - Cumulative (a) Actual Loss 0	Percentage (Col. 4/Col. 3) 1 XXX XXX XXX XXX XXX XXX XXX	; (b) Anticipated Loss Percentage 2 XXX XXX XXX XXX XXX XXX XXX	(see Instruction Form B Ite	ems 9 and 10)	XXX XXX (c) Actual to Anticipal XXX XXX XXX XXX XXX XXX XXX	ated Loss Percentage (a/b) 6 XXX ated Loss Percentage (a/b) 6 XXX AXX XXX XXX XXX XXX X	7 XXX XXX 7 XXX XXX XXX XXX XX	8 XXX XXX XXX XXX XXX XXX XXX									
nulative Total cy Form - Cumulative (a) Actual Loss 0	Percentage (Col. 4/Col. 3) 1 XXX XXX XXX XXX XXX XXX XXX	; (b) Anticipated Loss Percentage 2 XXX XXX XXX XXX XXX XXX XXX	(see Instruction Form B Ite	ems 9 and 10)	XXX XXX (c) Actual to Anticipal XXX XXX 5 5 XXX XXX XXX XXX XX	ated Loss Percentage (a/b) 6 XXX XXX XXX XXX XXX XXX	7 XXX XXX 7 XXX XXX XXX XXX XX	8 XXX XXX 8 8 XXX XXX XXX XXX									

b. If yes, indicate the calendar years that were included:

95465200233000000

SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE XANTUS Healthplan of Tennessee, Inc.

LONG-TERM CARE EXPERIENCE REPORTING FORM - C EXPERIENCE IN THE STATE OF **CUMULATIVE CLAIM EXPERIENCE**

IC Group Code 1239			(TO BE FILED BY A	PRIL 1)			NAIC Company Code	95465
	1	2	3	4	5	6	7	8
				<u> </u>	Anticipated Earned			
Calendar Duration	Policy Form	First Year Issued	Act IF new term as	A par incurred Claims	Premium	Anticipated Incurred Claim	Policy Reserves	Number of Insured Liv
0				. I I = -				
1	XXX	XXX		`				
2	XXX							
3	XXX	XXX						
4	XXX	XXX						
5-9	XXX	XXX						
10+	XXX	XXX						
nulative Total		•			XXX	XXX	XXX	XXX
cy Form - Cumulative (a) Actual Los	s Percentage (Col. 4/Col. 3)	; (b) Anticipated Loss Percentage	(see Instruction Form C Iter	ns 9 and 10)	(c) Actual to Anticipa	ated Loss Percentage (a/b)		•
· · · · · · · · · · · · · · · · · · ·	<u> </u>							
0	1	2	3	4	5	6	7	8
	NAN .	VVV						
	XXX	XXX						
<u>Z</u>	XXX	XXX						
3	XXX	XXX						
4	XXX	XXX						
5-9	XXX	XXX						
10+	XXX	XXX						
nulative Total					XXX	XXX	XXX	XXX
icy Form - Cumulative (a) Actual Los	s Percentage (Col. 4/Col. 3)	; (b) Anticipated Loss Percentage	(see Instruction Form C Iter	ns 9 and 10)	(c) Actual to Anticipa	ated Loss Percentage (a/b)		
						- · · ·		
	1	2	3	4	5	6	7	8
0	·		3	4			7	8
0 1	XXX	XXX	3	4			7	8
0	XXX XXX	XXX	3	4			7	8
0 1 2 3	XXX XXX XXX XXX	XXX	3	4			7	8
0 2 3 4	XXX XXX XXX XXX XXX	XXX	3	4			7	8
0	XXX XXX XXX XXX	XXX XXX XXX	3	4			7	8
0 1 2 3 4 5-9 10+	XXX XXX XXX XXX XXX	XXX XXX XXX XXX	3	4			7	8
10+	XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX	3	4			7 XXX	8 XXX
······	XXX XXX XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX			5 XXX	6		
10+ nulative Total	XXX XXX XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX XXX			5 XXX	6 XXX		
10+ nulative Total	XXX XXX XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX XXX			XXX(c) Actual to Anticipa	XXX ated Loss Percentage (a/b)	XXX	XXX
10+ nulative Total	XXX XXX XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX XXX	(see Instruction Form C Iter	ns 9 and 10)	XXX XXX (c) Actual to Anticipa 5 XXX	XXX ated Loss Percentage (a/b)	XXX	XXX
10+ nulative Total cy Form - Cumulative (a) Actual Los 1. Individual	XXX XXX XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX XXX	(see Instruction Form C Iter	ns 9 and 10)	XXX XXX (c) Actual to Anticipa 5 XXX XXX	XXX ated Loss Percentage (a/b)	XXX 7 XXX XXX	XXX 8 XXX XXX XXX
10+ nulative Total cy Form - Cumulative (a) Actual Los 1. Individual 2. Group direct response	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX	XXX XXX XXX XXX XXX XXX XXX	(see Instruction Form C Iter	ns 9 and 10)	XXX XXX (c) Actual to Anticipa 5 XXX XXX XXX	XXX XXX ated Loss Percentage (a/b)	7 XXX	XXXX 8 XXXX
10+ nulative Total cy Form - Cumulative (a) Actual Los 1. Individual 2. Group direct response 3. Other group	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX	XXX XXX XXX XXX XXX XXX XXX	(see Instruction Form C Iter	ns 9 and 10)	XXX XXX (c) Actual to Anticipa 5 XXX XXX XXX	XXX XXX ated Loss Percentage (a/b)	7 XXX XXX XXX XXX XXX	8 XXX XXX XXX XXX
10+ nulative Total by Form - Cumulative (a) Actual Los 1. Individual 2. Group direct response 3. Other group 4. Total (sum Lines 1 to 3)	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX	XXX XXX XXX XXX XXX XXX XXX	(see Instruction Form C Iter	ns 9 and 10)	XXX XXX (c) Actual to Anticipa 5 XXX XXX XXX XXX XXX	XXX ated Loss Percentage (a/b) 6 XXX XXX XXX XXX XXX XXX XXX	XXX 7 XXX XXX XXX XXX XXX XXX	8 XXX XXX XXX XXX XXX
10+ nulative Total by Form - Cumulative (a) Actual Los 1. Individual	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX	XXX XXX XXX XXX XXX XXX XXX	(see Instruction Form C Iter	ns 9 and 10)	XXX XXX (c) Actual to Anticipa 5 XXX XXX XXX XXX XXX XXX XXX	XXX ated Loss Percentage (a/b) 6 XXX XXX XXX XXX XXX XXX	7 XXX XXX XXX XXX XXX XXX XXX XXX	8 XXX XXX XXX XXX XXX XXX XXX XXX
10+ nulative Total by Form - Cumulative (a) Actual Los 1. Individual 2. Group direct response 3. Other group 4. Total (sum Lines 1 to 3)	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX	XXX XXX XXX XXX XXX XXX XXX	(see Instruction Form C Iter	ns 9 and 10)	XXX XXX (c) Actual to Anticipa 5 XXX XXX XXX XXX XXX	XXX ated Loss Percentage (a/b) 6 XXX XXX XXX XXX XXX XXX XXX	XXX 7 XXX XXX XXX XXX XXX XXX	8 XXX XXX XXX XXX XXX XXX

NAIC Company Code

SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE XANTUS Healthplan of Tennessee, Inc.

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF

		Addres Person Title	s (City, State and Completing This	d Zip Code) s Exhibit	,							 	Telephone Numbe	er			
1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 1999			Policies Issued in	2000, 2001, 2002	2
									-	11	Incurred	Claims	14	15	Incurred	Claims	18
ompliance vith OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare	Plan Character- istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number Covere Lives
0199999 T	otal Experience or	n Individual Pol	icies														
										• • • • • • • • • • • • • • • • • • • •							
						*											
		+				 								-	-		+
		+				 					†			+		†	†
				-					†								1
		1		1													İ
		1				1											<u> </u>
		<u> </u>			<u> </u>	<u> </u>	<u> </u>	<u> </u>			<u> </u>			<u> </u>	<u> </u>	<u> </u>	<u> </u>

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give complete and full details:
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

 - 2.2 Contact Person and Phone Number:

0299999 Total Experience on Group Policies

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

NAIC Group Code

Compliance with OBRA

- 3.1 Address:
- 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O".

NAIC Code: 95465

Company: XANTUS Healthplan of Tennessee, Inc.

SVO Compliance Certification

The undersigned is an officer of the insurer responsible for reporting investments to the SVO and/or with performing all filings with appropriate state regulatory officials and the NAIC and is, therefore, required to be familiar with the requirements of such filings. The undersigned officer certifies that to the best of my knowledge, information, and belief, all prices or NAIC Designations for the securities reported in this statement have been obtained directly from the SVO except as specifically identified below. The officer further certifies that to the best of my knowledge, information, and belief, since the last filing of a quarterly or annual statement:

- All securities previously valued by the insurer and identified by a Z suffix have now been submitted to the SVO for a valuation or disposed of by sale or otherwise with the result that all prices and NAIC Designations reported in this statement have been provided by the SVO, except for new purchases identified in Schedule D and DA with a Z suffix or items submitted but not yet processed by the SVO.
- 2. Any newly purchased securities now identified with a Z suffix shall be submitted to the SVO within 120 days of purchase.
- 3. All necessary information on securities which have been previously designated NR (not rated due to lack of current information) by the SVO have either been submitted to the SVO by the insurer for a valuation or disposed of by the insurer.
- 4. All material issuer events (as defined below) have been reported to the SVO.
 - A material issuer event is a generic or transaction specific credit event of which the insurer is currently aware, which by its nature would signify to a reasonably prudent insurer that a material change in the credit quality or price of the investment or security has occurred.

As an illustration, and not by way of limitation, the following shall be deemed to constitute material issuer events:

- a. Recapitalizations or capital restructuring whether within or without Chapter 11 of the US Bankruptcy Code.
- b. Nonpayment, deferral, or payment in kind through waiver of any principal or contractual interest payment.
- c. Any change in the maturity of a security.
- d. Changes in the lender's collateral position, including releases of collateral, or the taking of a collateral position whether by operation of negative pledge covenant or otherwise.
- e. Events of a like character or of a like effect, which would be considered material to an investment professional.
- f. Exceptions

Signature of Investmen	t Officer
Christopher E. Burton	Special Deputy Receiver
Name of Investment Officer	Title of Signatory
Date	

Attach certificate to each annual statement.

XANTUS Healthplan of Tennessee, Inc.

Monthly Medical Loss Ratio (MMLR)

JUNE 2002 (3rd Amendment)

CLAIMS RUNOUT THROUGH 12/31/02 FILED WITH TENNCARE AND TDCI ON FEBRUARY 11, 2003

Part	FINAL CERTIFIED	MEDICAL ALL RE	LOSS RA	TIO REPO	RT																			FI	NAL C	ERTIF	IED
Part	XANTUS Healthplan of Tennessee, Inc.																										
March Marc	JUNE 2002 (3rd Amendment)			2000						2001				For the Period			2001						2002				For the Period
Part	(,				h						h							th						'n			07/01/2001-
Control March Control Marc		luly	Δunust			November	December	lanuary				May	lune		luly	Διιαιιst			November	December	lanuary	Fehruary			May	lune	06/30/2002
Part	Enrollment: Medicaid	,	J					,	,			,			,	9					,	,			,		721,871
Part Part																											692,248
Compose of Standard Annexis 5,507 5,507 5,507 5,507 5,507 5,507 5,507 5,007 5,008 1,009			, ,												,												216,287
Part Surfiger 1966			, , ,	,	,			.,							,							,	, ,		.,	.,	156,129
Part Part								,		-																	310,417
Properties Market Properties Propertie																											2,096,953
Page Page	`																										312,507,680
March Marc	·	17,000,102	17,700,731	17,000,717	17,502,500	17,474,571	17,504,510	17,001,017	17,122,010	17,707,141	20,007,300	21,323,400	22,213,707	240,000,210	20,741,341	20,001,202	27,030,400	27,230,740	27,304,300	21,140,140	20,730,203	20,400,032	20,220,124	24,007,102	24,001,074	23,770,113	312,307,000
Company Comp	· ·	5 945 890	6 528 828	6 123 358	7 012 560	6 221 356	5 749 219	6 872 245	6 675 246	7 659 046	7 017 768	8 560 628	8 835 843	83 201 986	11 660 870	13 614 631	12 360 310	14 618 880	13 129 576	11 562 318	13 696 471	12 233 471	12 965 703	13 263 157	12 504 036	11 408 982	153.018.405
Part Capitis			-,,-				., .,	.,				.,,.	.,,		, ,		7				-,				,,	,	101.505.559
Paper Pape			.,,				-,,		.,,		., ., ., .	.,,.	., . ,		, ,		, ,,,,,,,		-,-	, ,	.,,			, , , , ,	.,,		7,257,919
Part		020,000	,.,,,	Λ	.55,657	077,001	n	0.0,70Z	0.4,004	0. 1,0,2	Ω	η	0.0,013	1,337,727	. 75,003 N	037,104	n	0.3,142	0,7,727	004,000	n	0.7,707	072,001 N	. 25,540 N	Ω 037,702	0.1,214	n
Secondaries Secondaries		2 977 683	2 639 373	2 682 127	2 594 509	2 221 219	2 706 171	2 537 748	2 440 397	3 038 401	3 005 601	3 161 392	3 190 017	33 194 638	4 286 889	4 699 687	4 868 958	5 473 049	5 428 055	5 689 593	6 005 246	5 638 714	6 161 053	5 858 846	5 304 670	5 452 613	64.867.372
Processor Part Pa	,		, ,					,,			-,	-, -, -	-, -,-						.,,			.,		.,,.	.,	.,,	3.231.013
Control Cont							,	,		,			,		, , , , ,	-,											381,602
Figure Company Compa		0	0	0	0	0	0	0	0	0	0	0	0	0	00,070	02,702	00,200	02,777	00,777	00,017	0,0,0	0,0,0	0.,001	00,000	0	0	001,002
Fig. Section Recommende Act	-		0	U	0	0	0	0		Ü	U	0	0	0	Ü	0	-	- ·		0		0	0		U	Ü	0
Personal Process 133.33		68 975	68 688	68 683	68 600	68 100	67 899	67 601	66 986	66 841	70 595	73 963	75 951	832 879	85 409	84 829	84 829	87 227	91 198	90 737	86 601	70.875	70.875	85 787	85 787	85 000	1,009,152
Charles Char				-																							2,755,461
Total Payments 1,046,776 1,479,1674 1,476,676 1,476,676 1,476,776 1,476,777 1,477,777	,	133,333	133,333	133,334	133,333	133,333	100,004	123,000	123,000	125,000	123,000	123,000	125,000	1,550,660	123,000	125,000	125,000	0	123,000	0	123,000	123,000	123,000	1,174,213	0	0	0
Personal BINK (Includes 15% marging) 156 666 863 1.048 1.1.20 1.115 1.126 1.115 1.126 1.115 1.126 1.115 1.126 1.126 1.115 1.126 1.		13 686 916	14 583 424	13 640 706	14 806 653	13 589 259	12 872 877	14 830 807	14 036 018	16 193 181	15 543 363	17 843 177	17 733 123	179 359 504	23 998 766	28 028 786	25 794 401	30 212 513	27 729 531	25 687 580	29 874 741	26 828 061	28 491 415	27 871 344	27 086 601	24 893 517	326,497,256
Peyments and Remaining BMR 13.68 1/18 1/18 1/18 1/18 1/18 1/18 1/18 1/	•				,																				,,,	,	2,269,825
Medical 117.48 117.25 117.44 117.25 117.44 117.25 117.44 117.25 117.24 118.88 115.12 114.62 117.37 118.98 117.41 117.57 118.98 117.41 117.57 118.98 117.41 117.57 118.98 117.41 117.57 118.98 117.41 117.58 117.44 117.45		13 687 053			.,						,					-,											328,767,081
Part Part	yg		73.8%	.,,							.,,						.,,								, ,		105.2%
Medical 111/46 111/25 111/4 11/4																											
Medical 117.48 117.65 117.44 117.65 117.45											80.2	2%								105.	2%						
Universided 111.76										78.4	4%																
Universable 30.989 30.85 30.862 30.86 30.84 30.889 30.70 30.864 30.878 30.70 30.864 30.78 30.878 30.70 30.865 30.864 30.78 30.865 30.8	Medicaid	117.48	117.25	117.44	117.63	117.41	117.75	117.24	116.88	115.12	116.92	117.37	118.98	117.31	117.40	117.67	119.16	118.87	120.70	120.94	120.19	119.05	118.32	117.98	117.63	118.74	118.89
Bind and Disabled 36,777 368,74 369,71 369,74 369,74 369,84 369,04 367,84 368,50 366,75 366,87	Uninsured	111.90	111.75	111.46	111.34	111.45	111.53	111.00	111.70	110.14	110.81	108.27	109.94	110.90	120.27	120.61	121.62	121.54	122.17	121.26	124.25	123.73	123.27	123.42	124.63	124.42	122.60
Dual Eligible 14.44 14.39 14.42 14.44 14.49 14.45 14.44 14.45 14.44 14.45 14.45 14.44 14.45 14.4	Uninsurable	308.99	308.55	308.52	308.60	308.42	308.89	307.70	306.68	297.75	299.00	291.54	296.10	303.73	302.23	302.83	305.06	305.41	309.87	309.68	311.85	312.01	311.12	312.01	313.41	314.28	309.15
Femocare Capitation Payment 143.85 143.44 143.28 143.04 143.28 143.02 142.87 143.06 142.56 143.07 141.05 142.41 141.39 143.06 142.74 147.35 147.55 148.57 148.57 148.00 150.44 149.57 149.09 149.00 149.07 148.57 148.57 148.00 150.44 149.57 149.09 149.00 149.00 149.07 148.57 148.57 148.00 150.44 149.57 149.00 150.44 149.57 149.00 149.00 149.00 149.00 149.07 148.57 148.50 149.00	Blind and Disabled	367.97	368.74	369.12	367.46	368.87	369.04	367.18	368.50	366.77	366.67	367.42	368.33	368.00	436.35	441.84	442.89	442.36	447.36	448.08	448.79	448.75	449.11	449.30	449.67	442.42	445.58
UB 92 43.01 47.38 44.61 51.27 45.64 42.43 50.63 49.17 54.26 48.50 56.76 56.89 49.37 63.78 74.72 67.93 79.53 72.03 63.81 79.55 71.80 76.64 79.51 76.90 70.66 77.06.00 79.	Dual Eligible																										17.60
HCFA1500 30.79 34.98 31.32 33.82 33.59 29.21 35.86 32.90 35.32 34.51 37.14 33.69 33.63 41.05 49.44 43.57 51.01 46.49 43.07 54.68 48.58 50.67 54.04 53.26 46.24 42.04 2.07 2.07 2.07 2.07 2.07 2.07 2.07 2.07																											149.04
Dental Capitation Capitat																											73.07
Capitation																											48.51
Pharmacy 21.54 19.15 19.54 19.55 19.54 18.97 16.30 19.97 18.70 19.70 18.70 19.70 18.70 19.70 18.70 19.		2.38	3.01	2.63	2.95	2.93	2.17	2.75	2.32	2.66	2.69	2.44	2.04	2.57	2.43	3.33	2.96	3.50	3.26	2.95	3.92	3.39	4.09	4.34	3.92	3.66	3.48
Subcontractor 2.60 2.60 2.60 2.60 2.57 2.57 2.56 2.59 2.30 2.17 2.16 2.18 2.17 2.42 1.52 1.51 1.51 1.51 1.53 1.57 1.54 1.56 1.56 1.56 1.56 1.57 1.54 1.54 1.56 1.56 1.57 1.54 1.55 1.55 1.55 1.55 1.55 1.55 1.55		21 54	10.15	10.54	10.07	1/ 20	10.07	10.70	17.00	- 01 F2	- 20.77	- 20.07	20.54	10.70	22.45	- 2F 70	- 2/ 7/	20.77	- 20.70	21.40	- 24.00	22.00	2/ 42	- 2F 12	22.72		21 07
Reinsurance 0.15 0.15 0.15 0.15 0.15 0.15 0.15 0.15	,																										31.07 1.54
BHO Capitation Revenue (0.50 (0.50) (0.18
Pharmacy Rebatles 0.09 0.97 0.97 0.97 0.97 0.99 0.09 0.09																											(0.48)
Total Payments 99.01 105.83 99.38 108.25 99.69 95.00 109.26 103.39 114.72 107.42 118.31 114.18 106.42 131.25 153.82 141.75 164.36 152.12 141.76 173.52 157.45 168.41 167.09 166.59 154.17 158.00 109.0	·	, ,			, ,					. ,	. /		, ,	. ,	. ,	. ,	, , ,										(1.35)
Remaining IBNR 0.00 0.01 0.01 0.01 0.01 0.01 0.01 0.0		(, ,	(/	. ,	(,	, ,	(/	()		(, ,	. ,	(,	(,	(,	. ,	(, ,	,	(,	. ,	, ,	(,		V 7	(-,	. ,	(,	156.02
Payments and Remaining IBNR 99.01 105.83 99.38 108.26 99.70 95.01 109.35 103.50 114.86 107.38 118.51 114.43 106.49 131.58 154.52 142.26 164.96 152.78 142.37 174.40 158.36 169.72 168.82 168.74 157.14																											1.11
Capitation 19,885,162 19,766,951 19,666,717 19,562,308 19,474,391 19,384,518 19,351,579 19,422,645 19,909,141 20,607,360 21,323,486 22,213,957 240,568,215 26,941,341 26,887,202 27,035,450 27,258,948 27,364,568 27,145,743 25,936,283 25,486,032 25,223,124 24,887,182 24,351,694 23,909,113 312,507 24,075 24,075 25,075 24,075 25,075 2											(,																157.14
MMLR per TennCare CRA % 85% 85% 85% 85% 85% 85% 85% 85% 85% 8	· ·																İ										
	Capitation	19,885,162	19,766,951	19,666,717	19,562,308	19,474,391	19,384,518	19,351,579	19,422,645	19,909,141	20,607,360	21,323,486	22,213,957	240,568,215	26,941,341	26,887,202	27,035,450	27,258,948	27,364,568	27,145,743	25,936,283	25,486,032	25,223,124	24,887,182	24,351,694	23,990,113	312,507,680
MMLR per TennCare CRA\$ 16,902,388 16,801,908 16,716,709 16,627,962 16,553,232 16,476,840 16,902,770 17,516,256 18,124,963 18,818,864 204,482,983 22,900,140 22,854,122 22,980,132 23,170,106 23,259,883 23,073,882 22,045,841 21,663,127 21,439,655 21,154,104 20,698,940 20,391,596 265,631	MMLR per TennCare CRA %	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
	MMLR per TennCare CRA \$	16,902,388	16,801,908	16,716,709	16,627,962	16,553,232	16,476,840	16,448,842	16,509,248	16,922,770	17,516,256	18,124,963	18,881,864	204,482,983	22,900,140	22,854,122	22,980,132	23,170,106	23,259,883	23,073,882	22,045,841	21,663,127	21,439,655	21,154,104	20,698,940	20,391,596	265,631,528
	, ,	,,	11/001/117	,	11/00///01	,		,,	,,	16,212,265	,	1. 1.		,,	,,	20,100,100	20,000,000	00,022,000			00,020,770		., .,			20,010,000	328,767,081
Estimated 85/15 Liability to Providers 3,215,335 2,217,789 3,075,141 1,820,261 2,962,853 3,602,848 1,606,025 2,459,097 710,505 1,978,431 252,731 1,110,812 25,011,828 (1,157,841) (5,302,664) (2,906,736) (7,152,444) (4,589,621) (2,725,835) (7,980,955) (5,320,386) (7,273,711) (7,005,936) (6,737,515) (4,981,909) (63,135)	Estimated 85/15 Liability to Providers	3,215,335	2,217,789	3,075,141	1,820,261	2,962,853	3,602,848	1,606,025	2,459,097	710,505	1,978,431	252,731	1,110,812	25,011,828	(1,157,841)	(5,302,664)	(2,906,736)	(7,152,444)	(4,589,621)	(2,725,835)	(7,980,955)	(5,320,386)	(7,273,711)	(7,005,936)	(6,737,515)	(4,981,909)	(63,135,553)

	MEDICAL	I USS DV.	TIO REPOR	DT																						
			REGION																			_	FII	NAL C	ERTIF	FIED
XANTUS Healthplan of Tennessee, Inc.	CASIII	N GRAIND	REGION	V																				1		
JUNE 2002 (3rd Amendment)			2000						2001				For the Deried			2001						2002				Fastha Dariad
JUNE 2002 (STU AMERICHEM)			Incurred Month						Incurred Mont	h			For the Period 07/01/2000-			2001 Incurred Month						Incurred Month				For the Period 07/01/2001-
	July	August	September	October	November	December	January	February	March	April	May	June	06/30/2001	July	August	September September	October	November	December	January	February	March	April	May	June	06/30/2002
Enrollment: Medicaid	9.047	8,884	8,707	8,582	8.474	8,319	8,155	8,025	7,957	7,839	7,791	7,749	99,529	222	Augusi 227	189	170	231	242	214	207	189	170	150	Julie 148	2,357
Enrollment: Uninsured	8,991	8,967	9,024	9,100	9.078	9.100	9.188	9,157	9,254	9,194	9,191	9,300	109.544	283	248	196	160	216	203	188	176	157	127	119	104	2,175
Enrollment: Uninsurable	2,442	2,418	2,382	2,359	2,337	2,331	2,315	2,289	2,226	2.185	2,175	2,183	27,641	67	61	50	51	62	55	50	45	34	29	26	26	555
Enrollment: Blind and Disabled	3.415	3,380	3,356	3,357	3,326	3,305	3,309	3,290	3,297	3,283	3,264	3,266	39.848	85	74	67	66	64	56	55	52	41	32	30	25	646
Enrollment: Dual Eligible	4,343	4,387	4.386	4,392	4,413	4,400	4,371	4,336	4,347	4,345	4,328	4,359	52,406	67	62	52	44	58	61	56	56	51	42	37	34	619
Enrollment (including retroactivity)	28,237	28,037	27.855	27.789	27,629	27,454	27,338	27,097	27,080	26,846	26,750	26,857	328,969	724	671	553	490	631	616	562	536	472	400	362	336	6,352
TennCare Capitation Payment	4,143,318	4,105,754	4,080,685	4,058,514	4,032,397	4,005,323	3,989,887	3,973,262	3,937,008	3,911,559	3,889,419	3,891,337	48.018.462	112,851	90.586	80,961	71,612	94,565	90,741	85,352	79,214	64.138	54,859	50,458	46.004	921,343
Payments for Medical Services	.,,					.,	., . ,	., ., .			.,,	.,,		,		,	,-									
UB 92	1,177,377	1,239,222	1,036,523	1,209,636	1,158,715	1,178,662	1,255,577	1,160,979	1,266,673	1,236,700	1,185,649	1,027,345	14,133,059	32,992	6,830	7,625	32,204	28,719	9,803	11,933	14,045	39,070	3,833	9,164	4,201	200,419
HCFA1500	774,729	897,102	794,983	885,474	817,431	749,314	889,906	772,057	898,320	849,201	908,823	684,003	9,921,344	8,112	12,266	3,257	7,090	6,727	2,589	4,535	9,613	4,427	11,103	3,363	3,470	76,553
Dental	54,626	76,339	63,944	79,025	74,648	57,618	74,197	53,665	54,915	61,212	57,323	49,450	756,963	205	58	0	105	117	231	9,650	122	4,247	195	80	80	15,090
Capitation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy	714,443	621,548	629,444	587,378	471,617	574,844	560,302	549,598	625,575	669,962	739,523	551,660	7,295,894	16,977	17,312	14,798	14,598	18,778	19,344	19,590	17,722	17,178	14,040	11,802	11,345	193,485
Subcontractor	115,298	113,042	113,859	111,655	111,250	110,066	103,011	90,296	98,105	97,755	100,969	100,343	1,265,649	0	0	0	0	0	0	0	0	0	0	0	0	0
Reinsurance	4,228	4,192	4,181	4,181	4,141	4,127	4,084	4,011	3,847	3,929	3,936	3,940	48,798	134	121	101	87	117	112	101	97	88	73	65	60	1,157
Other Payments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Less:													0													0
BHO Capitation Revenue	14,089	13,975	13,938	13,937	13,803	13,757	13,615	13,371	12,823	13,097	13,119	13,134	162,659	338	312	258	233	316	309	283	223	198	206	191	177	3,041
Pharmacy Rebates	27,236	27,127	27,058	27,089	27,026	27,014	25,175	24,951	23,981	23,191	22,171	21,617	303,636	495	460	380	333	432	425	408	393	349	2,862	485	454	7,476
Other Recoveries	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	2,799,375	2,910,344	2,601,938	2,836,323	2,596,974	2,633,860	2,848,288	2,592,285	2,910,630	2,882,470	2,960,933	2,381,991	32,955,411	57,587	35,814	25,143	53,519	53,711	31,346	45,118	40,984	64,464	26,177	23,799	18,525	476,187
D !! IDND (!!! 100/!)																	176								191	2,120
Remaining IBNR (includes 10% margin)	26	131	152	189	205	221	2,201	2,451	3,254	(959)	4,303	4,643	16,816	125	106	48		192	71	167	175	477	190	202	***	
Payments and Remaining IBNR	2,799,401	2,910,474	2,602,090	2,836,512	2,597,179	2,634,081	2,850,489	2,594,736	2,913,884	2,881,511	2,965,236	2,386,634	32,972,227	57,712	35,920	25,191	53,695	53,903	31,417	45,285	41,160	64,941	26,367	24,001	18,716	478,307
3 1	2,799,401 67.6%		.02	2,836,512 69.9%	2,597,179 64.4%				•	, ,		_	,		.00	25,191 31.1%	53,695 75.0%	.,.					.,,		***	
3 1		2,910,474	2,602,090	2,836,512	2,597,179 64.4%	2,634,081	2,850,489	2,594,736	2,913,884	2,881,511 73.7%	2,965,236 76.2 %	2,386,634	32,972,227	57,712	35,920		53,695	53,903	31,417 34.6%	45,285 53.1%	41,160	64,941	26,367	24,001	18,716	478,307
3 1		2,910,474	2,602,090	2,836,512 69.9%	2,597,179 64.4%	2,634,081	2,850,489	2,594,736	2,913,884 74.0%	2,881,511 73.7%	2,965,236 76.2 %	2,386,634	32,972,227	57,712	35,920		53,695 75.0%	53,903	31,417	45,285 53.1%	41,160	64,941	26,367	24,001	18,716	478,307
Payments and Remaining IBNR	67.6%	2,910,474 70.9%	2,602,090	2,836,512 69.9% 67.4	2,597,179 64.4%	2,634,081 65.8%	2,850,489 71.4%	2,594,736 65.3%	2,913,884 74.0%	2,881,511 73.7% 71	2,965,236 76.2% 3%	2,386,634 61.3%	32,972,227 68.7%	57,712 51.1%	35,920 39.7%	31.1%	53,695 75.0% 70.2%	53,903 57.0%	31,417 34.6% 51. 9	45,285 53.1% 9%	41,160 52.0%	64,941 101.3%	26,367 48.1%	24,001 47.6%	18,716 40.7%	478,307 51.9%
Payments and Remaining IBNR Medicaid	116.21	2,910,474 70.9%	2,602,090 63.8%	2,836,512 69.9% 67.4	2,597,179 64.4% 4%	2,634,081 65.8% 117.29	2,850,489 71.4% 117.36	2,594,736 65.3% 117.93	2,913,884 74.0% 70. 116.80	2,881,511 73.7% 71 3%	2,965,236 76.2% 3%	2,386,634 61.3% 117.06	32,972,227 68.7%	57,712 51.1%	35,920 39.7% 95.20	31.1%	53,695 75.0% 70.2% 98.55	53,903 57.0% 113.21	31,417 34.6% 51.9	45,285 53.1% 9%	41,160 52.0%	64,941 101.3%	26,367 48.1%	24,001 47.6% 110.61	18,716 40.7% 105.91	478,307 51.9% 107.85
Payments and Remaining IBNR Medicaid Uninsured	116.21 120.28	2,910,474 70.9% 116.25 120.61	2,602,090 63.8% 117.13 120.40	2,836,512 69.9% 67.4 116.90 119.86	2,597,179 64.4% 4% 117.10 120.11	2,634,081 65.8% 117.29 119.84	2,850,489 71.4% 117.36 119.42	2,594,736 65.3% 117.93 119.98	74.0% 74.0% 70. 116.80 119.17	2,881,511 73.7% 71 3% 117.15 119.78	2,965,236 76.2% 3% 116.48 119.79	2,386,634 61.3% 117.06 118.67	32,972,227 68.7% 118.33 110.21	57,712 51.1% 118.33 110.21	35,920 39.7% 95.20 96.61	31.1% 102.52 103.06	53,695 75.0% 70.2% 98.55 100.59	53,903 57.0% 113.21 110.27	31,417 34.6% 51.9 109.59 111.79	45,285 53.1% 9% 112.96 113.03	41,160 52.0% 112.81 116.67	64,941 101.3% 107.42 110.14	26,367 48.1% 107.14 112.92	24,001 47.6% 110.61 113.56	18,716 40.7% 105.91 115.24	478,307 51.9% 107.85 109.51
Payments and Remaining IBNR Medicaid	116.21	2,910,474 70.9%	2,602,090 63.8%	2,836,512 69.9% 67.4	2,597,179 64.4% 4%	2,634,081 65.8% 117.29	2,850,489 71.4% 117.36	2,594,736 65.3% 117.93	2,913,884 74.0% 70. 116.80	2,881,511 73.7% 71 3%	2,965,236 76.2% 3%	2,386,634 61.3% 117.06	32,972,227 68.7%	57,712 51.1%	35,920 39.7% 95.20	31.1%	53,695 75.0% 70.2% 98.55	53,903 57.0% 113.21	31,417 34.6% 51.9	45,285 53.1% 9%	41,160 52.0%	64,941 101.3%	26,367 48.1%	24,001 47.6% 110.61	18,716 40.7% 105.91	478,307 51.9% 107.85
Payments and Remaining IBNR Medicaid Uninsured Uninsurable	116.21 120.28 304.05	2,910,474 70.9% 116.25 120.61 302.80	2,602,090 63.8% 117.13 120.40 303.16	2,836,512 69.9% 67.4 116.90 119.86 303.76	2,597,179 64.4% 11% 117.10 120.11 303.90	2,634,081 65.8% 117.29 119.84 302.79	2,850,489 71.4% 117.36 119.42 303.44	2,594,736 65.3% 117.93 119.98 304.78	2,913,884 74.0% 70. 116.80 119.17 305.50	2,881,511 73.7% 71 3% 117.15 119.78 306.02	2,965,236 76.2% 3% 116.48 119.79 303.90	2,386,634 61.3% 117.06 118.67 302.52	32,972,227 68.7% 118.33 110.21 270.12	57,712 51.1% 118.33 110.21 270.12	35,920 39.7% 95.20 96.61 248.47	31.1% 102.52 103.06 250.74	53,695 75.0% 70.2% 98.55 100.59 249.72	53,903 57.0% 113.21 110.27 283.26	31,417 34.6% 51.9 109.59 111.79 277.02	45,285 53.1% 9% 112.96 113.03 283.34	41,160 52.0% 112.81 116.67 267.67	64,941 101.3% 107.42 110.14 259.43	26,367 48.1% 107.14 112.92 259.02	24,001 47.6% 110.61 113.56 265.78	18,716 40.7% 105.91 115.24 265.31	478,307 51.9% 107.85 109.51 264.99
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled	116.21 120.28 304.05 353.14	2,910,474 70.9% 116.25 120.61 302.80 354.09	2,602,090 63.8% 117.13 120.40 303.16 354.38	2,836,512 69.9% 67.4 116.90 119.86 303.76 353.03	2,597,179 64.4% 4% 117.10 120.11 303.90 353.63	2,634,081 65.8% 117.29 119.84 302.79 354.17	2,850,489 71.4% 117.36 119.42 303.44 353.75	2,594,736 65.3% 117.93 119.98 304.78 355.07	2,913,884 74.0% 70. 116.80 119.17 305.50 352.69	2,881,511 73.7% 71 3% 117.15 119.78 306.02 353.64	2,965,236 76.2% 3% 116.48 119.79 303.90 354.64	2,386,634 61.3% 117.06 118.67 302.52 354.44	32,972,227 68.7% 118.33 110.21 270.12 426.67	57,712 51.1% 118.33 110.21 270.12 426.67	35,920 39.7% 95.20 96.61 248.47 393.14	102.52 103.06 250.74 421.24	53,695 75.0% 70.2% 98.55 100.59 249.72 386.10	53,903 57.0% 113.21 110.27 283.26 407.85	31,417 34.6% 51.9 109.59 111.79 277.02 454.26	45,285 53.1% 9% 112.96 113.03 283.34 456.18	41,160 52.0% 112.81 116.67 267.67 430.51	64,941 101.3% 107.42 110.14 259.43 412.88	26,367 48.1% 107.14 112.92 259.02 441.95	24,001 47.6% 110.61 113.56 265.78 428.59	18,716 40.7% 105.91 115.24 265.31 444.67	478,307 51.9% 107.85 109.51 264.99 425.34
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible	116.21 120.28 304.05 353.14 14.34	2,910,474 70.9% 116.25 120.61 302.80 354.09 14.26	2,602,090 63.8% 117.13 120.40 303.16 354.38 14.31	2,836,512 69.9% 67.4 116.90 119.86 303.76 353.03 14.34	2,597,179 64.4% 4% 117.10 120.11 303.90 353.63 14.29	2,634,081 65.8% 117.29 119.84 302.79 354.17 14.32	2,850,489 71.4% 117.36 119.42 303.44 353.75 14.33	2,594,736 65.3% 117.93 119.98 304.78 355.07 14.34	2,913,884 74.0% 70. 116.80 119.17 305.50 352.69 14.31	2,881,511 73.7% 71 3% 117.15 119.78 306.02 353.64 14.32	2,965,236 76.2% 3% 116.48 119.79 303.90 354.64 14.40	2,386,634 61.3% 117.06 118.67 302.52 354.44 14.36	32,972,227 68.7% 118.33 110.21 270.12 426.67 16.34	57,712 51.1% 118.33 110.21 270.12 426.67 16.34	35,920 39.7% 95.20 96.61 248.47 393.14 14.09	102.52 103.06 250.74 421.24 14.69	53,695 75.0% 70.2% 98.55 100.59 249.72 386.10 14.79	53,903 57.0% 113.21 110.27 283.26 407.85 17.03	31,417 34.6% 51.1 109.59 111.79 277.02 454.26 16.14	9% 112.96 113.03 283.34 456.18 17.08	41,160 52.0% 112.81 116.67 267.67 430.51 17.26	107.42 110.14 259.43 412.88 16.45	26,367 48.1% 107.14 112.92 259.02 441.95 16.37	24,001 47.6% 110.61 113.56 265.78 428.59 16.70	18,716 40.7% 105.91 115.24 265.31 444.67 15.47	107.85 109.51 264.99 425.34 16.03
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment	116.21 120.28 304.05 353.14 14.34 146.73	2,910,474 70.9% 116.25 120.61 302.80 354.09 14.26 146.44	2,602,090 63.8% 117.13 120.40 303.16 354.38 14.31 146.50	2,836,512 69,9% 67,4 116,90 119,86 303,76 353,03 14,34 146,05	2,597,179 64.4% 4% 117.10 120.11 303.90 353.63 14.29 145.95	2,634,081 65.8% 117.29 119.84 302.79 354.17 14.32 145.89	2,850,489 71.4% 117.36 119.42 303.44 353.75 14.33 145.95	2,594,736 65.3% 117.93 119.98 304.78 355.07 14.34 146.63	70. 116.80 119.17 305.50 352.69 14.31 145.38	2,881,511 73.7% 71 3% 117.15 119.78 306.02 353.64 14.32 145.70	2,965,236 76.2% 3% 116.48 119.79 303.90 354.64 14.40 145.40	2,386,634 61.3% 117.06 118.67 302.52 354.44 14.36 144.89	32,972,227 68.7% 118.33 110.21 270.12 426.67 16.34 145.97	57,712 51.1% 118.33 110.21 270.12 426.67 16.34 155.85	35,920 39.7% 95.20 96.61 248.47 393.14 14.09	102.52 103.06 250.74 421.24 14.69 146.39	53,695 75.0% 70.2% 98.55 100.59 249.72 386.10 14.79 146.06	53,903 57.0% 113.21 110.27 283.26 407.85 17.03 149.96	31,417 34.6% 51.9 109.59 111.79 277.02 454.26 16.14 147.28	9% 112.96 113.03 283.34 456.18 17.08 151.97	41,160 52.0% 112.81 116.67 267.67 430.51 17.26 147.92	107.42 110.14 259.43 412.88 16.45 135.98	26,367 48.1% 107.14 112.92 259.02 441.95 16.37 137.24	24,001 47.6% 110.61 113.56 265.78 428.59 16.70 139.48	18,716 40.7% 105.91 115.24 265.31 444.67 15.47 136.94	478,307 51.9% 107.85 109.51 264.99 425.34 16.03 144.17
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92	116.21 120.28 304.05 353.14 14.34 146.73 41.70	2,910,474 70.9% 116.25 120.61 302.80 354.09 14.26 146.44 44.20	2,602,090 63.8% 117.13 120.40 303.16 354.38 14.31 146.50 37.21	2,836,512 69,9% 67,4 116,90 119,86 303,76 353,03 14,34 146,05 43,53	2,597,179 64.4% 49% 117.10 120.11 303.90 353.63 14.29 145.95 41.94	2,634,081 65.8% 117.29 119.84 302.79 354.17 14.32 145.89 42.93	2,850,489 71.4% 117.36 119.42 303.44 353.75 14.33 145.95 45.93	2,594,736 65.3% 117.93 119.98 304.78 355.07 14.34 146.63 42.85	70. 116.80 119.17 305.50 352.69 14.31 145.38 46.78	2,881,511 73.7% 71 3% 117.15 119.78 306.02 353.64 14.32 145.70 46.07	2,965,236 76.2% 3% 116.48 119.79 303.90 354.64 14.40 145.40 44.32	2,386,634 61.3% 117.06 118.67 302.52 354.44 14.36 144.89 38.25	32,972,227 68.7% 118.33 110.21 270.12 426.67 16.34 145.97 42.96	57,712 51.1% 118.33 110.21 270.12 426.67 16.34 155.85 45.56	95.20 96.61 248.47 393.14 14.09 134.96	31.1% 102.52 103.06 250.74 421.24 14.69 146.39 13.79	75.695 75.0% 70.2% 98.55 100.59 249.72 386.10 14.79 146.06 65.68	53,903 57.0% 113.21 110.27 283.26 407.85 17.03 149.96 45.54	31,417 34.6% 51.9 109.59 111.79 277.02 454.26 16.14 147.28 15.91	9% 112.96 113.03 283.34 456.18 17.08 151.97 21.25	41,160 52.0% 112.81 116.67 267.67 430.51 17.26 147.92 26.23	107.42 110.14 259.43 412.88 16.45 135.98 82.83	26,367 48.1% 107.14 112.92 259.02 441.95 16.37 137.24 9.59	24,001 47.6% 110.61 113.56 265.78 428.59 16.70 139.48 25.33	105.91 105.91 115.24 265.31 444.67 15.47 136.94 12.51	478,307 51.9% 107.85 109.51 264.99 425.34 16.03 144.17 31.20
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500	116.21 120.28 304.05 353.14 14.34 146.73 41.70 27.44	2,910,474 70.9% 116.25 120.61 302.80 354.09 14.26 146.44 44.20 32.00	2,602,090 63.8% 117.13 120.40 303.16 354.38 14.31 146.50 37.21 28.54	2,836,512 69.9% 67.4 116.90 119.86 303.76 353.03 14.34 146.05 43.53 31.86	2,597,179 64.4% 14% 117.10 120.11 303.90 353.63 14.29 145.95 41.94 29.59	2,634,081 65.8% 117.29 119.84 302.79 354.17 14.32 145.89 42.93 27.29	2,850,489 71.4% 117.36 119.42 303.44 353.75 14.33 145.95 45.93 32.55	2,594,736 65.3% 117.93 119.98 304.78 355.07 14.34 146.63 42.85 28.49	2,913,884 74.0% 70. 116.80 119.17 305.50 352.69 14.31 145.38 46.78 33.17	2,881,511 73.7% 71 3% 117.15 119.78 306.02 353.64 14.32 145.70 46.07 31.63	2,965,236 76.2% 3% 116.48 119.79 303.90 354.64 14.40 145.40 44.32 33.98	2,386,634 61.3% 117.06 118.67 302.52 354.44 14.36 144.89 38.25 25.47	32,972,227 68.7% 118.33 110.21 270.12 426.67 16.34 145.97 42.96 30.16	57,712 51.1% 118.33 110.21 270.12 426.67 16.34 155.85 45.56 11.20	95.20 96.61 248.47 134.96 10.18 18.27	31.1% 102.52 103.06 250.74 421.24 14.69 146.39 13.79	53,695 75.0% 70.2% 98.55 100.59 249.72 386.10 14.79 146.06 65.68 14.46	53,903 57.0% 113.21 110.27 283.26 407.85 17.03 149.96 45.54 10.67	31,417 34.6% 51.9 109.59 111.79 277.02 454.26 16.14 147.28 15.91 4.20	9% 112.96 113.03 283.34 17.08 151.97 21.25 8.07	112.81 116.67 267.67 430.51 17.26 147.92 26.23 17.95	107.42 110.14 259.43 412.88 16.45 135.98 82.83 9.39	26,367 48.1% 107.14 112.92 259.02 441.95 16.37 137.24 9.59 27.78	24,001 47.6% 110.61 113.56 265.78 428.59 16.70 139.48 25.33 9.30	18,716 40.7% 105.91 115.24 265.31 444.67 15.47 136.94 12.51 10.33	478,307 51.9% 107.85 109.51 264.99 425.34 16.03 144.17 31.20 12.29 2.38
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental	116.21 120.28 304.05 353.14 14.34 140.73 41.70 27.44 1.93	2,910,474 70.9% 116.25 120.61 302.80 354.09 14.26 146.44 44.20 32.00 2.72 - 22.17	2,602,090 63.8% 117.13 120.40 303.16 354.38 14.31 146.50 37.21 28.54 2.30	2,836,512 69,9% 67.4 116,90 119,86 303,76 353,03 14,34 146,05 43,53 31,86 2,84	2,597,179 64.4% 117.10 120.11 303.90 353.63 14.29 145.95 41.94 29.59 2.70	2,634,081 65.8% 117.29 119.84 302.79 354.17 14.32 145.89 42.93 27.29 2.10	2,850,489 71.4% 117.36 119.42 303.44 353.75 14.33 145.95 45.93 32.55 2,71	2,594,736 65.3% 117.93 119.98 304.78 355.07 14.34 146.63 42.85 28.49 1.98	2,913,884 74.0% 70. 116.80 119.17 305.50 352.69 14.31 145.38 46.78 33.17 2.03	2,881,511 73.7% 71 3% 117.15 119.78 306.02 353.64 14.32 145.70 46.07 31.63 2.28	2,965,236 76.2% 3% 116.48 119.79 303.90 354.64 14.40 44.32 44.32 2.14 - 27.65	2,386,634 61.3% 117.06 118.67 302.52 354.44 14.36 144.89 38.25 25.47 1.84	32,972,227 68.7% 118.33 110.21 270.12 426.67 16.34 145.97 42.96 30.16 2.30 -	57,712 51.1% 118.33 110.21 270.12 426.67 16.34 155.85 45.56 11.20	95.20 95.20 96.61 248.47 393.14.09 134.96 10.18 18.27 0.09	31.1% 102.52 103.06 250.74 421.24 14.69 146.39 13.79	53,695 75.0% 70.2% 98.55 100.59 249.72 386.10 14.79 146.06 65.68 14.46	53,903 57.0% 113.21 110.27 283.26 407.85 17.03 149.96 45.54 10.67	31,417 34.6% 51.9 109.59 111.79 277.02 454.26 16.14 147.28 15.91 4.20	9% 112.96 113.03 283.34 17.08 151.97 21.25 8.07	112.81 116.67 267.67 430.51 17.26 147.92 26.23 17.95	107.42 110.14 259.43 412.88 16.45 135.98 82.83 9.39	26,367 48.1% 107.14 112.92 259.02 441.95 16.37 137.24 9.59 27.78	24,001 47.6% 110.61 113.56 265.78 428.59 16.70 139.48 25.33 9.30	18,716 40.7% 105.91 115.24 265.31 444.67 15.47 136.94 12.51 10.33	478,307 51.9% 107.85 109.51 264.99 425.34 16.03 144.17 31.20 12.29
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation	116.21 120.28 304.05 353.14 14.34 146.73 41.70 27.44 1.93 - 25.30 4.08	2,910,474 70,9% 116,25 120,61 302,80 354,09 14,26 146,44 44,20 32,00 2,72 - 22,17 4,03	2,602,090 63.8% 117.13 120.40 303.16 354.38 14.31 146.50 37.21 28.54 2.30 -	2,836,512 69,9% 67.4 116,90 119,86 303,76 353,03 14,34 146,05 43,53 31,86 2,84 -	2.597,179 64.4% 117.10 120.11 303.90 353.63 14.29 145.95 41.94 29.59 2.70 17.07 4.03	2,634,081 65.8% 117.29 119.84 302.79 354.17 14.32 145.89 42.93 27.29 2.10 - 20.94 4.01	2,850,489 71.4% 117.36 119.42 303.44 353.75 14.33 145.95 45.93 32.55 2.71	2,594,736 65.3% 117.93 119.98 304.78 355.07 14.34 146.63 42.85 28.49 1.98 20.28 3.33	2,913,884 74.0% 70. 116.80 119.17 305.50 352.69 14.31 145.38 46.78 33.17 20.3 	2,881,511 73.7% 71 3% 117.15 119.78 306.02 353.64 14.32 145.70 46.07 31.63 2.28 - 24.96 3.64	2,965,236 76.2% 3% 116.48 119.79 303.90 354.64 14.40 145.40 44.32 33.98 2.14 - 27.65 3.77	2,386,634 61.3% 117.06 118.67 302.52 354.44 14.36 144.89 38.25 25.47	32,972,227 68.7% 118.33 110.21 270.12 426.67 16.34 145.97 42.96 30.16 2.30 - 22.18 3.85	57,712 51.1% 118.33 110.21 270.12 426.67 16.34 155.85 45.56 11.20 0.28 - 23.45	95.20 96.61 248.47 393.14 14.09 134.96 10.18 18.27 0.09	102.52 103.06 250.74 421.24 14.69 146.39 13.79 5.89	98.55 100.59 249.72 386.10 14.79 146.06 65.68 14.46 0.21 - 29.77	53,903 57.0% 113.21 110.27 283.26 407.85 17.03 149.96 45.54 10.67 0.19 -	31,417 34.6% 51.9 109.59 111.79 277.02 454.26 16.14 147.28 15.91 4.20 0.38 -	45,285 53.1% 9% 112.96 113.03 283.34 456.18 17.08 151.97 21.25 8.07 17.18 -	112.81 116.67 267.67 430.51 17.26 147.92 26.23 17.95 0.23 -	107.42 110.14 259.43 412.88 16.45 135.98 82.83 9.39 9.00 -	26,367 48.1% 107.14 112.92 259.02 441.95 16.37 137.24 9.59 27.78 0.49 -	24,001 47.6% 110.61 113.56 265.78 428.59 16.70 139.48 25.33 9.30 0.22 - 32.62	18,716 40.7% 105.91 115.24 265.31 444.67 136.94 12.51 10.33 0.24	478,307 51.9% 107.85 109.51 264.99 425.34 16.03 144.17 31.20 12.29 2.38 -
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance	116.21 120.28 304.05 353.14 14.34 146.73 41.70 27.44 1.93 - 25.30 4.08	2,910,474 70,9% 116,25 120,61 302,80 354,09 14,26 146,44 44,20 32,00 2,72 - 22,17 4,03 0,15	2,602,090 63.8% 117.13 120.40 303.16 354.38 14.31 146.50 37.21 28.54 2.30 - 22.60 4.09 0.15	2,836,512 69,9% 67.4 116,90 119,86 303,76 353,03 14,34 146,05 43,53 31,86 2,84 4,02 0,15	2.597.179 64.4% 196 117.10 120.11 303.90 353.63 14.29 145.95 41.94 29.59 2.70 17.07 4.03 0.15	2,634,081 65.8% 117.29 119.84 302.79 354.17 14.32 145.89 42.93 27.29 2.10 - 20.94 4.01 0.15	2,850,489 71.4% 117.36 119.42 303.44 353.75 14.33 145.95 45.93 32.55 2.71 20.50 3.77 0.15	2,594,736 65.3% 117,93 119,98 304.78 355.07 14.34 146.63 42.85 28.49 1,98 - 20.28 3.33 0.15	2,913,884 74.0% 70. 116.80 119.17 305.50 352.69 14.31 145.38 46.78 33.17 2.03 23.10 3.62 0.14	2,881,511 73.7% 71 3% 117.15 119.78 306.02 353.64 14.32 145.70 46.07 31.63 2.28 24.96 3.64 0.15	2,965,236 76.2% 3% 116.48 119.79 303.90 354.64 14.40 44.32 33.98 2.14 - 27.65 3.77 0.15	2,386,634 61.3% 117.06 118.67 302.52 354.44 14.36 144.89 38.25 25.47 1.84 - 20.54 3.74	32,972,227 68.7% 118.33 110.21 270.12 426.67 16.34 145.97 42.96 30.16 2.30 - 22.18 3.85 0.15	57,712 51.1% 118.33 110.21 270.12 426.67 16.34 155.85 45.56 11.20 0.28 - 23.45 - 0.19	95.20 96.61 248.47 393.14 14.09 134.96 10.18 18.27 0.09 - 25.79	102.52 103.06 250.74 421.24 14.69 146.39 13.79 5.89 - - 26.76	98.55 100.59 249.72 386.10 14.79 146.06 65.68 14.46 0.21 - 29.77 -	113.21 110.27 283.26 407.85 17.03 149.96 45.54 10.67 0.19 - 29.78	31,417 34.6% 51.9 109.59 111.79 277.02 454.26 16.14 147.28 15.91 4.20 0.38 - 31.40 - 0.18	45,285 53.1% 9% 112,96 113,03 283,34 456,18 17,08 151,97 21,25 8,07 17,18 - 34,88 - 0,18	112.81 116.67 267.67 430.51 17.26 147.92 26.23 17.95 0.23 - 33.09 -	107.42 110.14 259.43 412.88 16.45 135.98 82.83 9.39 9.00 - 36.42 -	26,367 48.1% 107.14 112.92 259.02 441.95 16.37 137.24 9.59 27.78 0.49	24,001 47.6% 110.61 113.56 265.78 428.59 16.70 139.48 25.33 9.30 0.22 - 32.62 - 0.18	18,716 40.7% 105.91 115.24 265.31 444.67 136.94 12.51 10.33 0.24 - 33.77 - 0.18	478,307 51.9% 107.85 109.51 264.99 425.34 16.03 144.17 31.20 12.29 2.38 - 31.07 - 0.18
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue	116.21 120.28 304.05 353.14 14.34 146.73 41.70 27.44 1.93 - 25.30 4.08 0.15	2,910,474 70.9% 116.25 120.61 302.80 354.09 14.26 146.44 44.20 32.00 2.72 - 22.17 4.03 0.15 (0.50)	2,602,090 63.8% 117.13 120.40 303.16 354.38 14.31 146.50 37.21 28.54 2.30 - 22.60 4.09 0.15 (0.50)	2,836,512 69,9% 67,4 116,90 119,86 303,76 353,03 14,34 146,05 43,53 31,86 2,84	2.597,179 64.4% 14% 117.10 120.11 303.90 353.63 14.29 145.95 41.94 29.59 2.70 17.07 4.03 0.15 (0.50)	2,634,081 65.8% 117.29 119.84 302.79 354.17 14.32 145.89 27.29 2.10 20.94 4.01 0.15 (0.50)	2,850,489 71.4% 117.36 119.42 303.44 353.75 14.33 145.93 32.55 2.71 - 20.50 3.77 0.15	2,594,736 65.3% 117.93 119.98 304.78 355.07 14.34 146.63 42.85 28.49 1.98 - 20.28 3.33 0.15 (0.49)	2,913,884 74.0% 116.80 119.17 305.50 352.69 14.31 145.38 46.78 33.17 2.03 - 23.10 0.14 (0.47)	2,881,511 73.7% 71 3% 117.15 119.78 306.02 353.64 14.32 145.70 46.07 31.63 2.28 - 24.96 0.15 (0.49)	2,965,236 76.2% 3% 116.48 119.79 303.90 354.64 14.40 44.32 33.98 2.14 - 27.65 3.77 0.15	2,386,634 61.3% 117.06 118.67 302.52 354.44 14.36 144.89 38.25 25.47 1.84	32,972,227 68.7% 118.33 110.21 270.12 426.67 16.34 145.97 42.96 30.16 2.30 - 22.18 3.85 0.15 (0.49)	57,712 51.1% 118.33 110.21 270.12 426.67 16.34 155.85 11.20 0.28 - 23.45 - 0.19 (0.47)	95.20 96.61 248.47 393.14 14.09 134.96 10.18 18.27 0.09 - 25.79 - 0.18 (0.47)	102.52 103.06 250.74 421.24 14.69 146.39 13.79 5.89 - - 26.76 - 0.18	98.55 100.59 249.72 386.10 14.79 146.06 65.68 14.46 0.21 - 29.77 - 0.18 (0.47)	113.21 110.27 283.26 407.85 17.03 149.96 45.54 10.67 0.19 	31,417 34.6% 51.9 109.59 111.79 277.02 454.26 16.14 147.28 15.91 4.20 0.38 - 31.40 - 0.18 (0.50)	45,285 53,1% 9% 112,96 113,03 283,34 456,18 17,08 151,97 21,25 8,07 17,18 	41,160 52.0% 112.81 116.67 267.67 430.51 17.26 147.92 26.23 17.95 0.23 - 0.18 (0.42)	64,941 101.3% 107.42 110.14 259.43 412.88 16.45 135.98 82.83 9.39 9.00 - 36.42 - 0.19 (0.42)	26,367 48.1% 107.14 112.92 259.02 441.95 16.37 137.24 9.59 27.78 0.49 - - 35.12 - 0.18 (0.51)	24,001 47.6% 110.61 113.56 265.78 428.59 16.70 139.48 25.33 9.30 0.22 - 32.62 0.18 (0.53)	18,716 40.7% 105.91 115.24 265.31 444.67 136.94 12.51 10.33 0.24 - 0.18 (0.53)	478,307 51.9% 107.85 109.51 264.99 425.34 16.03 144.17 31.20 12.29 2.38 - 31.07 - 0.18 (0.48)
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates	116.21 120.28 304.05 353.14 14.34 146.73 41.70 27.44 1.93 - 25.30 4.08 0.15 (0.50) (0.96)	2,910,474 70.9% 116.25 120.61 302.80 354.09 14.26 146.44 44.20 32.00 2.72 - 22.17 4.03 0.15 (0.50) (0.97)	2,602,090 63.8% 117.13 120.40 303.16 354.38 14.31 146.50 37.21 28.54 2.30 - 22.60 4.09 0.15 (0.50) (0.97)	2,836,512 69,9% 67,4 116,90 119,86 303,76 353,03 14,34 146,05 43,53 31,86 2,84 - - 21,14 4,02 0,15 (0,50) (0,97)	2,597,179 64.4% 117.10 120.11 303.90 353.63 14.29 145.95 2.70	2,634,081 65.8% 117.29 119.84 302.79 354.17 14.32 145.89 27.29 2.10 20.94 4.01 0.15 (0.50) (0.98)	2,850,489 71.4% 117.36 119.42 303.44 353.75 14.33 145.93 32.55 2.71 - 20.50 3.77 0.15 (0.50) (0.92)	2,594,736 65.3% 117.93 119.98 304.78 355.07 14.34 146.63 42.85 28.49 1.98 - 20.28 3.33 0.15 (0.49) (0.92)	2,913,884 74.0% 70. 116.80 119.17 305.50 352.69 14.31 145.38 46.78 33.17 2.03 - 23.10 3.62 0.14 (0.47) (0.89)	2,881,511 73.7% 71 3% 117.15 119.78 306.02 353.64 14.32 145.70 31.63 2.28 - 24.96 3.64 0.155 (0.49) (0.86)	2,965,236 76.2% 3% 116.48 119.79 303.90 354.64 14.40 145.40 27.65 3.77 0.15 (0.49) (0.83)	2,386,634 61.3% 117.06 118.67 302.52 354.44 14.36 144.89 38.25 25.47 1.84	32,972,227 68.7% 118.33 110.21 270.12 426.67 16.34 145.97 42.96 30.16 2.30 - 2.18 3.85 0.15 (0.49) (0.92)	57,712 51.1% 118.33 110.21 270.12 426.67 16.34 155.85 45.56 11.20 0.28 - 23.45 - 0.19 (0.47) (0.68)	95.20 96.61 248.47 393.14 14.09 134.96 10.18 18.27 0.09 - 25.79 - 0.18 (0.47) (0.69)	102.52 103.06 250.74 421.24 14.69 146.39 13.79 5.89 - - 26.76 - 0.18 (0.47) (0.69)	98.55 100.59 249.72 386.10 14.79 146.06 65.68 14.46 0.21 - 29.77 - 0.18 (0.47) (0.68)	113.21 110.27 283.26 407.85 17.03 149.96 45.54 10.67 0.19 - 29.78 - 0.19 (0.50) (0.69)	31,417 34.6% 51.9 109.59 111.79 277.02 454.26 16.14 147.28 15.91 4.20 0.38 - 31.40 - 0.18 (0.50) (0.69)	9% 112.96 113.03 283.34 456.18 17.08 151.97 21.25 8.07 17.18 - 0.18 (0.50) (0.73)	41,160 52.0% 112.81 116.67 267.67 430.51 17.26 147.92 26.23 17.95 0.23 - 0.18 (0.42) (0.73)	107.42 110.14 259.43 412.88 16.45 135.98 82.83 9.39 9.00 - 36.42 - 0.19 (0.42) (0.74)	26,367 48.1% 107.14 112.92 259.02 441.95 16.37 137.24 9.59 27.78 0.49 - 35.12 - 0.18 (0.51) (7.16)	24,001 47.6% 110.61 113.56 265.78 428.59 16.70 139.48 25.33 9.30 0.22 - 32.62 - 0.18 (0.53) (1.34)	18,716 40.7% 40.7% 105.91 115.24 265.31 444.67 136.94 12.51 10.33 0.24 - 0.18 (0.53) (1.35)	478,307 51.9% 107.85 109.51 264.99 425.34 16.03 144.17 31.20 12.29 2.38 - 31.07 - 0.18 (0.48) (1.35)
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments	116.21 120.28 304.05 353.14 14.34 146.73 41.70 22.44 1.93 - 25.30 4.08 0.15 (0.50) (0.96)	2,910,474 70.9% 116.25 120.61 302.80 354.09 14.26 146.44 44.20 32.00 2.72 	2,602,090 63.8% 117.13 120.40 303.16 354.38 14.31 146.50 37.21 28.54 2.30 - 22.60 4.09 0.15 (0.50) (0.97) 93.41	2,836,512 69,9% 67.4 116,90 119,86 303,76 353,03 14,34 146,05 43,53 31,86 2,84 - - 21,14 4,02 0,15 (0,50) (0,97) 102,06	2,597,179 64.4% 117.10 120.11 303.90 353.63 14.29 145.95 41.94 29.59 2.70 17.07 4.03 0.15 (0.50) (0.98) 93.99	2,634,081 65.8% 117.29 119.84 302.79 354.17 14.32 145.89 42.93 27.29 2.10 20.94 4.01 0.15 (0.50) (0.98) 95.94	2,850,489 71.4% 117.36 119.42 303.44 353.75 14.33 145.95 45.93 32.55 2.71 - 20.50 3.77 0.15 (0.50) (0.92) 104.19	2,594,736 65.3% 117,93 119,98 304.78 355.07 14.34 146.63 42.85 28.49 1.98 - 20.28 3.33 0.15 (0.49) (0.92) 95.67	2,913,884 74.0% 70. 116.80 119.17 305.50 352.69 14.31 145.38 46.78 33.17 2.03 - 23.10 3.62 0.14 (0.47) (0.89) 107.48	2,881,511 73.7% 71 3% 117.15 119.78 306.02 353.64 14.32 145.70 46.07 31.63 2.28 24.96 3.64 0.15 (0.49) (0.86) 107.37	2,965,236 76.2% 3% 116.48 119.79 303.90 354.64 14.40 145.40 - 27.65 3.77 0.15 (0.49) (0.83) 110.69	2,386,634 61.3% 117.06 118.67 302.52 354.44 14.36 144.89 38.25 25.47 1.84 - 20.54 3.74 0.15 0.49 0.80 88.69	32,972,227 68.7% 118.33 110.21 270.12 426.67 16.34 145.97 42.96 30.16 2.30 - 22.18 3.85 0.15 (0.49) (0.92) 100.18	57,712 51.1% 118.33 110.21 270.12 426.67 16.34 15.85 45.56 11.20 0.28 - 23.45 - 0.19 (0.47) (0.68) 79.53	95.20 95.20 96.61 248.47 393.14 14.09 134.96 10.18 18.27 0.09 - - - - - - - - - - - - - - - - - - -	31.1% 102.52 103.06 250.74 421.24 14.69 146.39 13.79 5.89	98.55 100.59 249.72 386.10 14.79 146.06 65.68 14.46 0.21 - - 0.18 (0.47) (0.68) 109.16	53,903 57.0% 113.21 110.27 283.26 407.85 17.03 149.96 45.54 10.67 0.19 - 29.78 - 0.19 (0.50) (0.69) 85.17	31,417 34.6% 51.9 109.59 111.79 277.02 454.26 16.14 147.28 15.91 4.20 0.38 - 31.40 - 0.18 (0.50) (0.69) 50.88	45,285 53.1% 9% 112.96 113.03 283.34 456.18 17.08 151.97 17.18 - 34.88 - 0.18 0.18 0.50 0.73 80.33	41,160 52.0% 112.81 116.67 267.67 430.51 17.26 147.92 26.23 17.95 0.23 - 0.18 (0.42) (0.73) 76.53	107.42 110.14 259.43 412.88 16.45 135.98 82.83 9.39 9.00 0.19 (0.42) (0.74)	26,367 48.1% 107.14 112.92 259.02 441.95 16.37 137.24 9.59 0.49 - 35.12 - 0.18 (0.51) (7.16) 65.49	24,001 47.6% 110.61 113.56 265.78 428.59 16.70 139.48 25.33 9.30 0.22 - 32.62 - 0.18 (0.53) (1.34) 65.79	18,716 40.7% 40.7% 105.91 115.24 265.31 444.67 15.47 136.94 12.51 10.33 0.24 - 0.18 (0.53) (1.35) 55.14	478,307 51.9% 107.85 109.51 264.99 425.34 16.03 144.17 31.20 2.38 - 31.07 - 0.18 (0.48) (1.35) 75.29
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments Remaining IBNR	116.21 120.28 304.05 353.14 14.34 140.73 41.70 25.30 4.08 0.15 (0.96) (9.96)	2,910,474 70.9% 116.25 120.61 302.80 354.09 14.26 146.44 44.20 32.00 2.72 - 22.17 4.03 0.15 (0.50) (0.97) 103.81 0.00	2,602,090 63.8% 117.13 120.40 303.16 354.38 14.31 146.50 37.21 28.54 2.30 - 22.60 4.09 0.15 (0.50) (0.97) 93.41 0.01	2,836,512 69,9% 67.4 116,90 119,86 303,76 353,03 14,34 146,05 43,53 31,86 - 21,14 4,02 0,15 (0,50) (0,97) 102,06	2,597,179 64.4% 117.10 120.11 303.90 353.63 14.29 145.95 41.94 29.59 2.70 17.07 4.03 0.15 (0.50) (0.98) 93.99 0.01	2,634,081 65.8% 117,29 119,84 302,79 354,17 14,32 145,89 42,93 27,29 2,10	2,850,489 71.4% 117.36 119.42 303.44 353.75 14.33 145.95 2.71 20.50 3.77 0.15 (0.92) (0.92) 104.19 0.08	2,594,736 65.3% 117,93 119,98 304.78 355.07 14.34 146.63 42.85 28.49	2,913,884 74.0% 70. 116.80 119.17 305.50 352.69 14.31 145.38 46.78 33.17 2.03 - 23.10 3.62 0.14 (0.47) (0.89) 107.48	2,881,511 73.7% 71 3% 117.15 119.78 306.02 353.64 14.32 145.70 46.07 31.63 2.28 - 24.96 3.64 0.15 (0.49) (0.86) 107.37 (0.04)	2,965,236 76.2% 3% 116.48 119.79 303.90 354.64 14.40 44.32 33.98 2.14 - 27.65 3.77 0.15 (0.49) (0.83) 110.69	2,386,634 61.3% 61.3% 61.3% 61.867 302.52 354.44 14.36 144.89 38.25 22.547 1.844	32,972,227 68.7% 118.33 110.21 270.12 426.67 16.34 145.97 42.96 2.30 - 22.18 3.85 0.15 (0.49) (0.92) 100.18 0.05	57,712 51.1% 118.33 110.21 270.12 426.67 16.34 155.85 45.56 11.20 0.28 - 23.45 - 0.19 (0.48) (0.68) 79.53 0.17	95.20 96.61 248.47 393.14 14.09 134.96 10.18 18.27 0.09 - 25.79 - 0.18 (0.47) (0.69) (0.69)	102.52 103.06 250.74 421.24 14.69 146.39 13.79 5.89	98.55 70.2% 70.2% 98.55 100.59 249.72 386.10 14.79 146.06 65.68 14.46 0.21 - 29.77 - 0.18 (0.47) (0.68) 109.16	53,903 57.0% 113.21 110.27 283.26 407.85 17.03 149.96 45.54 10.67 0.19 - 29.78 - 0.19 (0.50) (0.60) 85.17	31,417 34.6% 51.9 109.59 111.79 277.02 454.26 16.14 147.28 15.91 4.20 0.38 - 31.40 - 0.18 (0.50) (0.69) 50.88 0.12	45,285 53.1% 9% 112,96 113.03 283.34 456.18 17.08 151.97 21.25 8.07 17.18 - 0.18 (0.50) (0.50) 80.33 0.30	41,160 52.0% 112.81 116.67 267.67 430.51 17.26 147.92 26.23 17.95 0.23 - 33.09 - 0.18 (0.42) (0.73) 76.53 0.33	107.42 110.13% 107.42 110.14 259.43 412.88 16.45 135.98 82.83 9.39 9.00 36.42 (0.42) (0.74) 136.67 1.01	26,367 48.1% 107.14 112.92 259.02 441.95 16.37 137.24 9.59 27.78 0.49 - 35.12 - 0.18 (0.51) (7.16) 65.49 0.48	24,001 47.6% 110.61 113.56 265.78 428.59 16.70 139.48 25.33 9.30 0.22 - 32.62 - 0.18 (0.53) (1.34) 65.79 0.56	105.91 105.91 115.24 265.31 444.67 136.94 12.51 10.33 0.24 - 33.77 - 0.18 (0.53) (1.35) 55.14	478,307 51.9% 107.85 109.51 264.99 425.34 16.03 144.17 31.20 12.29 2.38 - 31.07 - 0.18 (0.48) (1.35) 75.29 0.37
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment Us 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments	116.21 120.28 304.05 353.14 14.34 146.73 41.70 22.44 1.93 - 25.30 4.08 0.15 (0.50) (0.96)	2,910,474 70.9% 116.25 120.61 302.80 354.09 14.26 146.44 44.20 32.00 2.72 	2,602,090 63.8% 117.13 120.40 303.16 354.38 14.31 146.50 37.21 28.54 2.30 - 22.60 4.09 0.15 (0.50) (0.97) 93.41	2,836,512 69,9% 67.4 116,90 119,86 303,76 353,03 14,34 146,05 43,53 31,86 2,84 - - 21,14 4,02 0,15 (0,50) (0,97) 102,06	2,597,179 64.4% 117.10 120.11 303.90 353.63 14.29 145.95 41.94 29.59 2.70 17.07 4.03 0.15 (0.50) (0.98) 93.99	2,634,081 65.8% 117.29 119.84 302.79 354.17 14.32 145.89 42.93 27.29 2.10 20.94 4.01 0.15 (0.50) (0.98) 95.94	2,850,489 71.4% 117.36 119.42 303.44 353.75 14.33 145.95 45.93 32.55 2.71 - 20.50 3.77 0.15 (0.50) (0.92) 104.19	2,594,736 65.3% 117,93 119,98 304.78 355.07 14.34 146.63 42.85 28.49 1.98 - 20.28 3.33 0.15 (0.49) (0.92) 95.67	2,913,884 74.0% 70. 116.80 119.17 305.50 352.69 14.31 145.38 46.78 33.17 2.03 - 23.10 3.62 0.14 (0.47) (0.89) 107.48	2,881,511 73.7% 71 3% 117.15 119.78 306.02 353.64 14.32 145.70 46.07 31.63 2.28 24.96 3.64 0.15 (0.49) (0.86) 107.37	2,965,236 76.2% 3% 116.48 119.79 303.90 354.64 14.40 145.40 - 27.65 3.77 0.15 (0.49) (0.83) 110.69	2,386,634 61.3% 117.06 118.67 302.52 354.44 14.36 144.89 38.25 25.47 1.84 - 20.54 3.74 0.15 0.49 0.80 88.69	32,972,227 68.7% 118.33 110.21 270.12 426.67 16.34 145.97 42.96 30.16 2.30 - 22.18 3.85 0.15 (0.49) (0.92) 100.18	57,712 51.1% 118.33 110.21 270.12 426.67 16.34 15.85 45.56 11.20 0.28 - 23.45 - 0.19 (0.47) (0.68) 79.53	95.20 95.20 96.61 248.47 393.14 14.09 134.96 10.18 18.27 0.09 - - - - - - - - - - - - - - - - - - -	31.1% 102.52 103.06 250.74 421.24 14.69 146.39 13.79 5.89	98.55 100.59 249.72 386.10 14.79 146.06 65.68 14.46 0.21 - - 0.18 (0.47) (0.68) 109.16	53,903 57.0% 113.21 110.27 283.26 407.85 17.03 149.96 45.54 10.67 0.19 - 29.78 - 0.19 (0.50) (0.69) 85.17	31,417 34.6% 51.9 109.59 111.79 277.02 454.26 16.14 147.28 15.91 4.20 0.38 - 31.40 - 0.18 (0.50) (0.69) 50.88	45,285 53.1% 9% 112.96 113.03 283.34 456.18 17.08 151.97 17.18 - 34.88 - 0.18 0.18 0.50 0.73 80.33	41,160 52.0% 112.81 116.67 267.67 430.51 17.26 147.92 26.23 17.95 0.23 - 0.18 (0.42) (0.73) 76.53	107.42 110.14 259.43 412.88 16.45 135.98 82.83 9.39 9.00 0.19 (0.42) (0.74)	26,367 48.1% 107.14 112.92 259.02 441.95 16.37 137.24 9.59 0.49 - 35.12 - 0.18 (0.51) (7.16) 65.49	24,001 47.6% 110.61 113.56 265.78 428.59 16.70 139.48 25.33 9.30 0.22 - 32.62 - 0.18 (0.53) (1.34) 65.79	18,716 40.7% 40.7% 105.91 115.24 265.31 444.67 15.47 136.94 12.51 10.33 0.24 - 0.18 (0.53) (1.35) 55.14	478,307 51.9% 107.85 109.51 264.99 425.34 16.03 144.17 31.20 2.38 - 31.07 - 0.18 (0.48) (1.35) 75.29 0.37
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Bilind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments Remaining IBNR Payments and Remaining IBNR	116.21 120.28 304.05 353.14 14.34 146.73 41.70 27.44 1.93 - 25.30 4.08 0.15 (0.50) (0.96) 99.14	2,910,474 70.9% 116.25 120.61 302.80 354.09 14.26 146.44 44.20 32.00 2.72 - 22.17 4.03 0.15 (0.50) (0.97) 103.81 0.00	2,602,090 63.8% 117.13 120.40 303.16 354.38 14.31 146.50 37.21 28.54 2.30 - 22.60 4.09 0.15 (0.50) (0.97) 93.41 0.01 93.42	2,836,512 69,9% 67.4 116.90 119.86 303.76 353.03 14.34 146.05 43.53 31.86 2.84 - 21.14 4.02 0.15 (0.50) (0.97) 102.06 0.01 102.07	2.597,179 64.4% 117.10 120.11 303.90 353.63 14.29 145.95 41.94 29.59 2.70 17.07 4.03 0.15 (0.50) (0.98) 93.99 0.01 94.00	2,634,081 65.8% 117.29 119.84 302.79 354.17 14.32 145.89 42.93 27.29 2.10 (0.50) (0.98) 95.94	2,850,489 71.4% 117.36 119.42 303.44 353.75 14.33 145.95 45.93 32.55 2.71 - 20.50 3.77 0.15 (0.50) (0.92) 104.19 0.08 104.27	2,594,736 65.3% 117,93 119,98 304.78 355.07 14.34 146.63 42.85 28.49 20.28 3.33 0.15 (0.49) (0.99) 95.67 0.09 95.76	2,913,884 74.0% 70. 116.80 119.17 305.50 352.69 14.31 145.38 46.78 33.17 2.03 . 23.10 3.62 0.14 (0.47) (0.89) 107.48 0.12 107.60	2,881,511 73.7% 71 3% 117.15 119.78 306.02 353.64 14.32 145.70 46.07 31.63 2.28 - 24.96 3.64 0.15 (0.49) (0.86) 107.33	2,965,236 76.2% 3% 116.48 119.79 303.90 354.64 14.40 44.32 2.765 3.77 0.15 (0.49) (0.83) 110.69 0.16 110.85	2,386,634 61.3% 61.3% 117.06 118.67 302.52 354.44 14.36 144.89 38.25 25.47 1.84 20.54 3.74 0.15 (0.49) (0.49) (0.49) (0.17 88.86	32,972,227 68.7% 118.33 110.21 270.12 426.67 16.34 145.97 42.96 30.16 2.30 - 2.218 3.85 0.15 (0.49) (0.92) 100.18 0.05 100.23	57,712 51.1% 118.33 110.21 270.12 426.67 16.34 155.85 45.56 11.20 0.28 - 23.45 - 0.19 (0.47) (0.68) 79.53 0.17 79.70	95.20 96.61 248.47 393.14 14.09 134.96 10.18 18.27 0.09 - 25.79 - 0.18 (0.47) (0.69) 53.36 0.16	102.52 103.06 250.74 421.24 14.69 146.39 13.79 5.89 - - - 0.18 (0.47) (0.69) 45.55	98.55 70.2% 70.2% 98.55 100.59 249.72 386.10 14.79 146.06 65.68 14.46 0.21 - 29.77 - 0.18 (0.47) (0.68) 199.16 0.36 109.52	53,903 57.0% 113.21 110.27 283.26 407.85 17.03 149.96 45.54 10.67 0.19 0.59 (0.59) (0.69) 85.17 0.30 85.48	31,417 34.6% 51.9 109.59 111.79 277.02 454.26 16.14 147.28 15.91 4.20 0.38 - 31.40 - 0.18 (0.50) (0.69) 50.88 0.12 50.99	45,285 53.1% 9% 112.96 113.03 283.34 456.18 17.08 151.97 21.25 8.07 1.71 17.18 0.18 (0.50) (0.5	41,160 52.0% 112.81 116.67 267.67 430.51 17.26 147.92 26.23 17.95 0.23 - 33.09 - 0.18 (0.42) (0.73) 76.53 0.33 76.86	64,941 101.3% 107.42 110.14 259.43 412.88 16.45 135.98 82.83 9.39 9.00 - 36.42 - 0.19 (0.74) 136.67 1.01 137.68	26,367 48.1% 107.14 112.92 259.02 441.95 16.37 137.24 9.59 27.78 0.49 - 35.12 - 0.18 (0.51) (7.16) 65.49 0.48 65.96	24,001 47.6% 110.61 113.56 265.78 428.59 16.70 139.48 25.33 9.30 0.22 - 32.62 - 0.18 (0.53) (1.34) 65.79 0.56 66.34	18,716 40.7% 105.91 115.24 265.31 444.67 136.94 12.51 10.33 0.24 - 33.77 - 0.18 (0.53) (1.35) 55.71	478,307 51.9% 107.85 109.51 264.99 425.34 16.03 144.17 31.20 12.29 2.38 - 31.07 - 0.18 (0.48) (1.35) 75.29 0.37 75.66
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments Remaining IBNR Payments and Remaining IBNR Capitation	116.21 120.28 304.05 353.14 14.34 146.73 41.70 27.44 1.93 - 25.30 4.08 0.15 (0.50) (0.96) 99.14 0.00 99.14	2,910,474 70,9% 116,25 120,61 302,80 354,09 14,26 146,44 44,20 32,00 2,72 - 22,17 4,03 0,15 (0,50) (0,97) 103,81 0,00 103,81	2,602,090 63.8% 117.13 120.40 303.16 354.38 14.31 146.50 37.21 28.54 2.30 - 22.60 4.09 0.15 (0.50) (0.97) 93.41 0.01 93.42 4,080,685	2,836,512 69,9% 67.4 116,90 119,86 303,76 353,03 14,34 146,05 43,53 31.86 2,84 - 21,14 4,02 0,15 (0,59) (0,97) 102,06 0,011 102,07	2.597,179 64.4% 117.10 120.11 303.90 353.63 14.29 145.95 41.94 29.59 2.70 . 17.07 4.03 0.15 (0.50) (0.98) 93.99 0.01 94.00	2,634,081 65.8% 117.29 119.84 302.79 354.17 14.32 145.89 42.93 27.29 2.10 20.94 4.01 0.15 (0.50) (0.98) 95.94 0.01 95.95	2,850,489 71.4% 117.36 119.42 303.44 353.75 14.33 145.95 45.93 32.55 2.71 0.15 (0.50) (0.92) 104.19 0.08 104.27	2,594,736 65.3% 117.93 119.98 304.78 355.07 14.34 146.63 42.85 28.49 20.28 3.33 0.15 (0.49) (0.92) 95.67 0.09 95.76	2,913,884 74.0% 70. 116.80 119.17 305.50 352.69 14.31 145.38 46.78 33.17 2.03 - 23.10 3.62 0.14 (0.47) (0.89) 107.48 0.12 107.60	2,881,511 73.7% 71 3% 117.15 306.02 353.64 14.32 145.70 46.07 31.63 2.28 - 24.96 3.64 0.15 (0.49) (0.86) 107.37 (0.04) 107.33	2,965,236 76.2% 3% 116.48 119.79 303.90 354.64 14.40 145.40 44.32 33.98 2.14 - 27.65 3.77 0.15 (0.49) (0.83) 110.69 0.16 110.85	2,386,634 61.3% 61.3% 117.06 118.67 302.52 354.44 14.36 144.89 38.25 25.47 20.54 3.74 0.15 (0.49) (0.80) 88.69 0.17 88.86	32,972,227 68.7% 118.33 110.21 270.12 426.67 16.34 145.97 42.96 30.16 2.30 - 22.18 3.85 0.15 (0.49) (0.92) 100.18 0.05 100.23	57,712 51.1% 118.33 110.21 270.12 426.67 16.34 155.85 45.56 11.20 0.28 - 23.45 - 0.19 (0.47) (0.68) 79.53 0.17 79.70	95.20 96.61 248.47 393.14 14.09 134.96 10.18 18.27 0.09 - 25.79 - 0.18 (0.47) (0.69) 53.61 0.16 53.51	102.52 103.06 250.74 421.24 14.69 146.39 13.79 5.89	98.55 70.2% 98.55 100.59 249.72 386.10 14.79 146.06 65.68 14.46 0.21 - 29.77 - 0.18 (0.47) (0.68) 109.16 0.36 109.52	53,903 57.0% 113.21 110.27 283.26 407.85 17.03 149.96 45.54 10.67 0.19 - 29.78 - 0.19 (0.50) (0.69) 85.17 0.38 5.48	31,417 34.6% 51.9 109.59 111.79 277.02 454.26 16.14 147.28 15.91 4.20 0.38 - 31.40 - 50.89 (0.69) (0.69) (0.69) 90,741	45,285 53.1% 112.96 113.03 283.34 456.18 17.08 151.97 21.25 8.07 17.18 - 34.88 - 0.18 (0.50) (0.73) 80.33 80.63	112.81 116.67 267.67 430.51 17.26 147.92 26.23 17.95 0.23 - 33.09 - 0.18 (0.42) (0.73) 76.53 0.33 76.86	64,941 101.3% 107.42 110.14 259.43 412.88 16.45 135.98 82.83 9.39 9.00 - 36.42 - 0.19 (0.42) (0.74) 136.67 1.01 137.68	26,367 48.1% 107.14 112.92 259.02 441.95 16.37 137.24 9.59 27.78 0.49 - 35.12 - 0.18 (0.51) (7.16) 65.49 0.48 65.96	24,001 47.6% 110.61 113.56 265.78 428.59 16.70 139.48 25.33 9.30 0.22 - 32.62 - 0.18 (0.53) (1.34) 65.79 0.56 66.34	18,716 40.7% 40.7% 105.91 115.24 265.31 444.67 136.94 12.51 10.33 0.24 - 0.18 (0.53) (1.35) 55.14 0.57 55.71	107.85 109.51 107.85 109.51 264.99 425.34 16.03 144.17 31.20 2.38 - 31.07 - 0.18 (0.48) (1.35) 75.29 0.37 75.66
Payments and Remaining IBNR Medicaid Uninsured Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments Remaining IBNR Payments and Remaining IBNR Capitation MMLR per TennCare CRA %	116.21 120.28 304.05 353.14 14.34 14.673 41.70 27.44 1.93 -	2,910,474 70.9% 116.25 120.61 302.80 354.09 14.26 146.44 44.20 32.00 2.72 - 22.17 4.03 0.15 (0.50) (0.97) 103.81 0.00 103.81 4,105,754 85%	2,602,090 63.8% 117.13 120.40 303.16 354.38 14.31 146.50 37.21 28.54 2.30 - 22.60 4.09 0.15 (0.50) (0.97) 93.41 0.01 93.42 4,080,685 85%	2,836,512 69.9% 67.4 116.90 119.86 303.76 353.03 14.34 146.05 43.53 31.86 2.84 - 21.14 4.02 0.15 (0.50) (0.97) 102.06 0.01 102.07 4,058,514 85%	2,597,179 64.4% 117.10 120.11 303.90 353.63 14.29 145.94 29.59 2.70 17.07 4.03 0.15 (0.50) (0.98) 93.99 0.01 94.00 4,032,397	2,634,081 65.8% 117.29 119.84 302.79 354.17 14.32 145.89 27.29 2.10	2,850,489 71.4% 117.36 119.42 303.44 353.75 14.33 145.95 2.71 - 20.50 0.75 (0.50) (0.92) 104.19 0.08 104.27 3,989,887	2,594,736 65.3% 117.93 119.98 304.78 355.07 14.34 146.63 42.85 28.49 1.98	2,913,884 74.0% 70. 116.80 119.17 305.50 352.69 14.31 145.38 46.78 33.17 2.03 - 23.10 3.62 0.14 (0.47) (0.89) 107.48 0.12 107.60 3,937,008	2,881,511 73.7% 71 3% 117.15 119.78 306.02 353.64 14.32 145.70 46.07 31.63 2.28 - 24.96 3.64 0.15 (0.49) (0.86) 107.37 (0.04) 107.33	2,965,236 76.2% 3% 116.48 119.79 303.90 354.64 14.40 44.32 33.98 2.14 - 27.65 3.77 0.15 (0.49) (0.83) 110.69 0.16 110.85 3,889,419 85%	2,386,634 61.3% 61.3% 117.06 118.67 302.52 354.44 14.36 144.89 38.25 25.47 1.84	32,972,227 68.7% 118.33 110.21 270.12 426.67 16.34 145.97 42.96 30.16 2.30 - 2.18 3.85 0.15 (0.49) (0.92) 100.18 0.05 100.23	57,712 51.1% 118.33 110.21 270.12 426.67 16.34 155.85 45.56 11.20 0.28 - 23.45 0.19 (0.47) (0.68) 79.53 0.17 79.70	95.20 96.61 248.47 393.14 14.09 134.96 10.18 18.27 0.09 - 25.79 0.18 (0.47) (0.69) 53.36 0.16 53.51	31.1% 102.52 103.06 250.74 421.24 14.69 146.39 13.79 5.89	98.55 70.2% 98.55 100.59 249.72 386.10 14.79 146.06 65.68 14.46 0.21 - 29.77 - 0.18 (0.47) (0.68) 109.16 0.36 109.52	113.21 110.27 283.26 407.85 17.03 149.06 45.54 10.67 0.19 0.50) (0.69) 85.17 0.30 85.48	31,417 34.6% 51.9 109.59 111.79 277.02 454.26 16.14 147.28 15.91 4.20 0.38 - 0.18 (0.50) (0.69) 50.88 0.12 50.99	9% 112.96 113.03 283.34 456.18 17.08 151.97 21.25 8.07 17.18 - 0.18 (0.50) (0.73) 80.33 0.30 80.63	112.81 116.67 267.67 430.51 17.26 147.92 26.23 17.95 0.23 - 0.18 (0.42) (0.73) 76.53 0.33 76.86	107.42 110.14 259.43 412.88 16.45 135.98 82.83 9.39 9.00 -	26,367 48.1% 107.14 112.92 259.02 441.95 16.37 137.24 9.59 27.78 0.49 - 35.12 - 0.18 (0.51) (7.16) 65.49 0.48 65.96 54.859 85%	24,001 47.6% 110.61 113.56 265.78 428.59 16.70 139.48 25.33 9.30 0.22 - 32.62 - 0.18 (0.53) (1.34) 65.79 0.56 66.34 50,458 85%	18,716 40.7% 40.7% 105.91 115.24 265.31 444.67 136.94 12.51 10.33 0.24 0.18 (0.53) (1.35) 55.14 0.57 55.71	478,307 51.9% 107.85 109.51 264.99 425.34 16.03 144.17 31.20 2.38 - 31.07 - 0.18 (0.48) (1.35) 75.29 0.37 75.66
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments Remaining IBNR Payments and Remaining IBNR Capitation MMLR per TennCare CRA % MMLR per TennCare CRA \$	116.21 120.28 304.05 353.14 14.34 14.70 27.44 1.93 - 25.30 4.08 0.15 (0.50) (0.96) 99.14 4.143,318 85% 3.521,820	2,910,474 70.9% 116.25 120.61 302.80 354.09 14.26 146.44 44.20 32.00 2.72 - 22.17 4.03 0.15 (0.50) (0.97) 103.81 0.00 103.81 4,105,754 85% 3,489,891	2,602,090 63.8% 117.13 120.40 303.16 354.38 14.31 146.50 37.21 28.54 2.30 - 22.60 4.09 0.15 (0.50) (0.97) 93.41 0.01 93.42 4,080,685 85% 3,468,582	2,836,512 69,9% 67.4 116,90 119,86 303,76 353,03 14,34 146,05 43,53 31,86 2,84 21,14 4,02 0,15 (0,50) (0,97) 102,06 0,01 102,07 4,058,514 85% 3,449,737	2,597,179 64.4% 196 117.10 120.11 303.90 353.63 14.29 145.95 41.94 29.59 2.70 17.07 4.03 0.15 (0.50) (0.98) 93.99 0.01 94.00 4,032,397 85% 3,427,538	2,634,081 65.8% 117.29 119.84 302.79 354.17 14.32 145.89 42.93 27.29 2.10 - 20.94 4.01 0.15 (0.50) (0.98) 95.94 0.01 95.95 4,005,323 85% 3,404,525	2,850,489 71.4% 117.36 119.42 303.44 353.75 14.33 145.95 2.71 - 20.50 3.77 0.15 (0.50) (0.92) 104.19 0.08 104.27 3,989,887 85% 3,391,404	2,594,736 65.3% 117.93 119.98 304.78 355.07 14.34 146.63 42.85 28.49 1.98 - 20.28 3.33 0.15 (0.49) (0.92) 95.67 0.09 95.76 3,973,262 85% 3,377,272	2,913,884 74.0% 70. 116.80 119.17 305.50 352.69 14.31 145.38 46.78 33.17 2.03 - 23.10 3.62 0.14 (0.47) (0.89) 107.48 0.12 107.60 3,937,008 85% 3,346,457	2,881,511 73.7% 71 3% 117.15 119.78 306.02 353.64 14.32 145.70 31.63 2.28 24.96 3.64 0.155 (0.49) (0.86) 107.37 (0.04) 107.33 3,911,559 85% 3,324,825	2,965,236 76.2% 3% 116.48 119.79 303.90 354.64 14.40 145.40 27.65 3.77 0.155 (0.49) (0.83) 110.69 0.16 110.85 3.889,419 85% 3,306,006	2,386,634 61.3% 61.3% 61.3% 117.06 118.67 302.52 354.44 14.36 144.89 38.25 25.47 1.84 20.54 3.74 0.15 (0.49) (0.80) 88.69 0.17 88.86 3,891,337 85% 3,307,636	32,972,227 68.7% 118.33 110.21 270.12 426.67 16.34 145.97 42.96 30.16 2.30 - 2.18 3.85 0.15 (0.49) (0.92) 100.18 0.05 100.23	57,712 51.1% 118.33 110.21 270.12 426.67 16.34 155.85 45.56 11.20 0.28 - 23.45 - 0.019 (0.68) 79.53 0.17 79.70 112,851 85% 95,924	95.20 95.20 96.61 248.47 393.14 14.09 134.96 10.18 18.27 0.09 - 25.79 - 0.69 53.36 0.16 53.51	31.1% 102.52 103.06 250.74 421.24 14.69 146.39 13.79 5.89	53,695 75.0% 70.2% 98.55 100.59 249.72 386.10 14.79 146.06 65.68 14.46 0.21 - 29.77 - (0.68) 109.16 0.36 109.52	53,903 57.0% 113.21 110.27 283.26 407.85 17.03 149.96 45.54 10.67 0.19 0.19 0.50 0.69) 85.17 0.30 85.48 94,565 85% 80,381	31,417 34.6% 51.9 109.59 111.79 277.02 454.26 16.14 147.28 15.91 4.20 0.38 - 31.40 - 0.18 (0.50) (0.69) 50.88 0.12 50.99 90,741 85% 77,130	9% 112.96 113.03 283.34 456.18 17.08 151.97 17.18 - 34.88 - 0.18 (0.50) (0.73) 80.33 0.30 80.63	112.81 116.67 267.67 430.51 17.26 147.92 26.23 17.95 0.23 - 0.18 (0.42) (0.73) 76.53 0.33 76.86	64,941 101.3% 107.42 110.14 259.43 412.88 16.45 135.98 82.83 9.39 9.00 - 36.42 - 0.19 (0.42) (0.74) 136.67 1.01 137.68 85% 54,517	26,367 48.1% 107.14 112.92 259.02 441.95 16.37 137.24 9.59 0.49 - 35.12 - 0.18 (0.51) (7.16) 65.49 0.48 65.96 54.859 85% 46,630	24,001 47.6% 110.61 113.56 265.78 428.59 16.70 139.48 25.33 9.30 0.22 - 32.62 - 0.18 (0.53) (1.34) 65.79 0.56 66.34 50,458 85% 42,890	105.91 105.91 115.24 265.31 444.67 15.47 136.94 12.51 10.33 0.24 - - 33.77 - - 0.18 (0.53) (1.35) 55.14 0.57 55.71	478,307 51.9% 107.85 109.51 264.99 425.34 16.03 144.17 31.20 12.29 2.38 - 0.18 (0.48) (1.35) 75.29 0.37 75.66
Payments and Remaining IBNR Medicaid Uninsured Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments Remaining IBNR Payments and Remaining IBNR Capitation MMLR per TennCare CRA %	116.21 120.28 304.05 353.14 14.34 14.673 41.70 27.44 1.93 -	2,910,474 70.9% 116.25 120.61 302.80 354.09 14.26 146.44 44.20 32.00 2.72 - 22.17 4.03 0.15 (0.50) (0.97) 103.81 0.00 103.81 4,105,754 85%	2,602,090 63.8% 117.13 120.40 303.16 354.38 14.31 146.50 37.21 28.54 2.30 - 22.60 4.09 0.15 (0.50) (0.97) 93.41 0.01 93.42 4,080,685 85%	2,836,512 69.9% 67.4 116.90 119.86 303.76 353.03 14.34 146.05 43.53 31.86 2.84 - 21.14 4.02 0.15 (0.50) (0.97) 102.06 0.01 102.07 4,058,514 85%	2,597,179 64.4% 117.10 120.11 303.90 353.63 14.29 145.94 29.59 2.70 17.07 4.03 0.15 (0.50) (0.98) 93.99 0.01 94.00 4,032,397	2,634,081 65.8% 117.29 119.84 302.79 354.17 14.32 145.89 27.29 2.10	2,850,489 71.4% 117.36 119.42 303.44 353.75 14.33 145.95 2.71 - 20.50 0.75 (0.50) (0.92) 104.19 0.08 104.27 3,989,887	2,594,736 65.3% 117.93 119.98 304.78 355.07 14.34 146.63 42.85 28.49 1.98	2,913,884 74.0% 70. 116.80 119.17 305.50 352.69 14.31 145.38 46.78 33.17 2.03 - 23.10 3.62 0.14 (0.47) (0.89) 107.48 0.12 107.60 3,937,008	2,881,511 73.7% 71 3% 117.15 119.78 306.02 353.64 14.32 145.70 46.07 31.63 2.28 - 24.96 3.64 0.15 (0.49) (0.86) 107.37 (0.04) 107.33	2,965,236 76.2% 3% 116.48 119.79 303.90 354.64 14.40 44.32 33.98 2.14 - 27.65 3.77 0.15 (0.49) (0.83) 110.69 0.16 110.85 3,889,419 85%	2,386,634 61.3% 61.3% 117.06 118.67 302.52 354.44 14.36 144.89 38.25 25.47 1.84	32,972,227 68.7% 118.33 110.21 270.12 426.67 16.34 145.97 42.96 30.16 2.30 - 2.18 3.85 0.15 (0.49) (0.92) 100.18 0.05 100.23	57,712 51.1% 118.33 110.21 270.12 426.67 16.34 155.85 45.56 11.20 0.28 - 23.45 0.19 (0.47) (0.68) 79.53 0.17 79.70	95.20 96.61 248.47 393.14 14.09 134.96 10.18 18.27 0.09 - 25.79 0.18 (0.47) (0.69) 53.36 0.16 53.51	31.1% 102.52 103.06 250.74 421.24 14.69 146.39 13.79 5.89	98.55 70.2% 98.55 100.59 249.72 386.10 14.79 146.06 65.68 14.46 0.21 - 29.77 - 0.18 (0.47) (0.68) 109.16 0.36 109.52	113.21 110.27 283.26 407.85 17.03 149.06 45.54 10.67 0.19 0.50) (0.69) 85.17 0.30 85.48	31,417 34.6% 51.9 109.59 111.79 277.02 454.26 16.14 147.28 15.91 4.20 0.38 - 0.18 (0.50) (0.69) 50.88 0.12 50.99	9% 112.96 113.03 283.34 456.18 17.08 151.97 21.25 8.07 17.18 - 0.18 (0.50) (0.73) 80.33 0.30 80.63	112.81 116.67 267.67 430.51 17.26 147.92 26.23 17.95 0.23 - 0.18 (0.42) (0.73) 76.53 0.33 76.86	107.42 110.14 259.43 412.88 16.45 135.98 82.83 9.39 9.00 -	26,367 48.1% 107.14 112.92 259.02 441.95 16.37 137.24 9.59 27.78 0.49 - 35.12 - 0.18 (0.51) (7.16) 65.49 0.48 65.96 54.859 85%	24,001 47.6% 110.61 113.56 265.78 428.59 16.70 139.48 25.33 9.30 0.22 - 32.62 - 0.18 (0.53) (1.34) 65.79 0.56 66.34 50,458 85%	18,716 40.7% 40.7% 105.91 115.24 265.31 444.67 136.94 12.51 10.33 0.24 0.18 (0.53) (1.35) 55.14 0.57 55.71	478,307 51.9% 107.85 109.51 264.99 425.34 16.03 144.17 31.20 2.38 - 31.07 - 0.18 (0.48 (1.35) 75.29 0.37 75.66

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FINAL CERTIFIED		LOSS RAT																					FII	NAI C	ERTIF	IFD
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JUNE 2002 (3rd Amendment)			2000						2001				For the Period			2001						2002				For the Period
		I	ncurred Month	h					Incurred Mont	h			07/01/2000-			Incurred Mont	h				lı	ncurred Month	1			07/01/2001-
	July	August	September	October	November	December	January	February	March	April	May	June	06/30/2001	July	August	September	October	November	December	January	February	March	April	May	June	06/30/2002
Enrollment: Medicaid	31,587	31,351	30,870	30,530	30,287	29,908	29,812	30,241	33,035	35,035	37,191	39,054	388,902	62,915	63,444	63,704	65,045	64,219	63,493	58,058	56,954	56,079	55,196	54,218	52,855	716,179
Enrollment: Uninsured	31,956	32,112	32,311	32,394	32,491	32,533	32,887	32,691	34,006	34,561	36,736	37,909	402,587	60,143	59,694	59,477	59,844	59,278	59,174	56,131	56,006	56,134	55,264	52,612	52,219	685,978
Enrollment: Uninsurable	8,089	8,042	7,966	7,888	7,813	7,722	7,757	7,879	8,603	9,422	10,664	11,444	103,287	18,854	18,831	18,843	19,119	18,639	18,418	17,552	17,216	17,117	16,818	16,446	16,281	214,134
Enrollment: Blind and Disabled	9,601	9,555	9,529	9,516	9,467	9,441	9,522	9,601	9,760	9,931	10,041	10,139	116,101	13,306	12,984	12,953	12,962	13,003	13,002	12,855	12,645	12,571	12,549	12,473	12,327	153,630
Enrollment: Dual Eligible	14,224	14,253	14,267	14,283	14,287	14,202	14,201	14,132	14,354	14,630	15,021	15,383	173,237	25,446	25,274	25,389	25,549	25,296	25,357	26,005	26,041	25,898	25,755	25,730	26,756	308,496
Enrollment (including retroactivity)	95,457	95,313	94,943	94,611	94,345	93,806	94,178	94,544	99,759	103,578	109,653	113,928	1,184,114	180,665	180,226	180,366	182,519	180,435	179,446	170,601	168,863	167,798	165,582	161,478	160,438	2,078,416
TennCare Capitation Payment	13,681,448	13,624,212	13,545,626	13,470,954	13,417,871	13,361,586	13,357,347	13,450,551	13,952,316	14,666,743	15,398,045	16,283,014	168,209,713	26,589,506	26,601,404	26,792,888	27,067,183	27,061,055	26,852,321	25,664,372	25,229,733	25,000,997	24,686,569	24,167,066	23,822,747	309,535,841
Payments for Medical Services UB 92	4,310,212	4,846,888	4,578,704	5,235,629	4,634,050	4,117,670	5,148,306	5,122,919	5,928,389	5,435,172	6,956,219	7,443,123	63,757,282	11,585,232	13,563,616	12,325,551	14,570,219	13,092,857	11,536,272	13,674,760	12,149,705	12,917,272	13,231,332	12,483,669	11,397,983	152,528,466
HCFA1500	3,193,367		3,209,525	3,410,343	3,454,950	2,910,695	3,630,734	3,405,586	3,773,380	3,842,910	4,391,783	4,286,218	43,092,462	7.477.812	8,990,426	7,917,738	9,360,001	8,462,944	7,791,322	9,400,052	8,259,525	8,562,675	8,998,331	8,649,215	7,458,756	101,328,797
Dental	247,412	3,582,970 305,217	273,261	295,861	294,135	2,910,695	272,323	238,998	293,718	3,842,910	289,157	252,189	3,278,894	443,458	607,046	538,397	642,073	593,924	534,049	662,249	576,861	687,814	723,345	637,552	590,765	7,237,535
Capitation	277,41Z N	JUJ,217	213,201 N	Z /3,001	∠74,133 ∩	213,111 N	ر ۱۷,۵۷۵ ۱	230,770 N	2/3,/10 N	JUZ,047	207,137 N	232,109 N	J,210,074	0C#,CFF	007,040 N	330,37 <i>1</i>	042,013 N	073,724 N	JJ4,049 N	002,247	370,001	007,014 N	123,343	037,332 N	270,703	1,231,333 N
Pharmacy	2,046,985	1,820,401	1,862,722	1,822,035	1,589,965	1,936,873	1,797,860	1,718,920	2,192,678	2,119,406	2,210,207	2,340,158	23,458,210	4,235,840	4,648,293	4,826,086	5,434,458	5,372,970	5,634,162	5,950,429	5,588,158	6,110,757	5,815,917	5,268,122	5,417,809	64,303,003
Subcontractor	189,802	194,509	192,065	187,365	188,136	186,312	197,414	173,609	161,429	167,644	181,309	190,764	2,210,358	277,343	275,043	274,890	280,622	285,301	278,753	265,468	265,694	264,452	260,570	254,970	247,907	3,231,013
Reinsurance	14,291	14,251	14,252	14,236	14,140	14,102	14,071	13,996	14,172	15,159	16,133	16,715	175,518	33,470	32,621	32,940	32,568	33,431	32,697	30,611	30,616	31,422	30,111	29,093	28,643	378,224
Other Payments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Less:													0													0
BHO Capitation Revenue	47,630	47,508	47,507	47,451	47,134	47,006	46,902	46,652	47,239	50,532	53,777	55,717	585,054	84,392	83,901	84,082	86,612	90,272	89,853	85,810	70,240	70,296	85,158	85,195	84,457	1,000,269
Pharmacy Rebates	92,072	92,220	92,226	92,227	92,284	92,306	86,727	87,055	88,343	89,475	90,885	91,698	1,087,519	123,511	123,633	123,899	124,119	123,731	123,782	123,859	123,879	123,980	1,185,463	216,621	216,732	2,733,210
Other Recoveries	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	9,862,368	10,624,508	9,990,797	10,825,791	10,035,957	9,240,118	10,927,080	10,540,320	12,228,183	11,743,131	13,900,146	14,381,751	134,300,151	23,845,252	27,909,510	25,707,621	30,109,210	27,627,424	25,593,621	29,773,900	26,676,441	28,380,118	27,788,985	27,020,805	24,840,673	325,273,560
Remaining IBNR (includes 10% margin)	100	517	645	778	839	808	8,973	10,817	14,651	(4,279)	23,269	31,592	88,710	58,899	127,615	92,266	109,742	119,709	111,909	151,750	154,696	221,330	288,087	349,354	479,500	2,264,856
Remaining IBNR (includes 10% margin) Payments and Remaining IBNR	9,862,469	10,625,024	645 9,991,442	10,826,569	10,036,796	9,240,925	10,936,053	10,551,137	12,242,834	11,738,852	13,923,415	14,413,344	134,388,861	23,904,151	28,037,125	25,799,886	30,218,952	27,747,132	25,705,530	29,925,650	26,831,137	28,601,447	28,077,072	27,370,159	25,320,174	327,538,415
0 '		0.,,	9,991,442 73.8%	10,826,569 80.4%	10,036,796 74.8%	000		10/011	_	(-,)							30,218,952 111.6%					-	•		-	
0 '	9,862,469	10,625,024		10,826,569 80.4%	10,036,796	9,240,925	10,936,053	10,551,137	12,242,834	11,738,852 80.0%	13,923,415 90.4%	14,413,344	134,388,861	23,904,151	28,037,125	25,799,886	30,218,952	27,747,132	25,705,530 95.7 %	29,925,650 116.6%	26,831,137	28,601,447	28,077,072	27,370,159	25,320,174	327,538,415
0 '	9,862,469	10,625,024		10,826,569 80.4%	10,036,796 74.8%	9,240,925	10,936,053	10,551,137	12,242,834 87.7%	11,738,852 80.0%	13,923,415 90.4%	14,413,344	134,388,861	23,904,151	28,037,125	25,799,886	30,218,952 111.6%	27,747,132	25,705,530	29,925,650 116.6%	26,831,137	28,601,447	28,077,072	27,370,159	25,320,174	327,538,415
Payments and Remaining IBNR	9,862,469 72.1%	10,625,024 78.0%	73.8%	10,826,569 80.4% 76 .	10,036,796 74.8%	9,240,925 69.2%	10,936,053 81.9%	10,551,137 78.4%	12,242,834 87.7% 84.	11,738,852 80.0% 86.4	13,923,415 90.4% 8%	14,413,344 88.5%	134,388,861 79.9%	23,904,151 89.9 %	28,037,125 105.4%	25,799,886 96.3%	30,218,952 111.6% 102.7%	27,747,132 102.5%	25,705,530 95.7% 105	29,925,650 116.6%	26,831,137 106.3%	28,601,447 114.4%	28,077,072 113.7%	27,370,159 113.3%	25,320,174 106.3%	327,538,415 105.8%
Payments and Remaining IBNR Medicaid	9,862,469 72.1%	10,625,024 78.0%	73.8%	10,826,569 80.4% 76.	10,036,796 74.8% 11%	9,240,925 69.2% 119.30	10,936,053 81.9% 118.70	10,551,137 78.4% 117.95	12,242,834 87.7% 84. 115.77	11,738,852 80.0% 86. 7% 117.99	13,923,415 90.4% 8%	14,413,344 88.5% 120.74	134,388,861 79.9% 117.44	23,904,151 89.9% 117.44	28,037,125 105.4%	25,799,886 96.3% 119.31	30,218,952 111.6% 102.7%	27,747,132 102.5%	25,705,530 95.7% 105 121.02	29,925,650 116.6% .8%	26,831,137 106.3%	28,601,447 114.4%	28,077,072 113.7% 118.04	27,370,159 113.3%	25,320,174 106.3%	327,538,415 105.8% 118.97
Payments and Remaining IBNR Medicald Uninsured	9,862,469 72.1% 119.27 110.62	10,625,024 78.0% 118.86 110.37	73.8% 119.00 109.95	10,826,569 80.4% 76. 119.16 109.90	10,036,796 74.8% 11%	9,240,925 69.2% 119.30 110.17	10,936,053 81.9% 118.70 109.59	10,551,137 78.4% 117.95 110.37	12,242,834 87.7% 84. 115.77 108.55	11,738,852 80.0% 86. 7% 117.99 109.30	13,923,415 90.4% 8% 118.73 106.09	14,413,344 88.5% 120.74 108.65	134,388,861 79.9% 117.44 120.43	23,904,151 89.9% 117.44 120.43	28,037,125 105.4% 117.91 120.92	25,799,886 96.3% 119.31 121.82	30,218,952 111.6% 102.7% 119.03 121.67	27,747,132 102.5% 120.76 122.34	25,705,530 95.7% 105 121.02 121.39	29,925,650 116.6% .8% 120.23 124.34	26,831,137 106.3% 119.08 123.84	28,601,447 114.4% 118.38 123.40	28,077,072 113.7% 118.04 123.54	27,370,159 113.3% 117.65 124.77	25,320,174 106.3% 118.79 124.51	327,538,415 105.8% 118.97 122.75
Payments and Remaining IBNR Medicaid	9,862,469 72.1%	10,625,024 78.0%	73.8%	10,826,569 80.4% 76.	10,036,796 74.8% 11%	9,240,925 69.2% 119.30	10,936,053 81.9% 118.70 109.59 311.11	10,551,137 78.4% 117.95	12,242,834 87.7% 84. 115.77	11,738,852 80.0% 86. 7% 117.99	13,923,415 90.4% 8%	14,413,344 88.5% 120.74	134,388,861 79.9% 117.44	23,904,151 89.9% 117.44	28,037,125 105.4%	25,799,886 96.3% 119.31	30,218,952 111.6% 102.7%	27,747,132 102.5%	25,705,530 95.7% 105 121.02	29,925,650 116.6% .8%	26,831,137 106.3%	28,601,447 114.4%	28,077,072 113.7% 118.04	27,370,159 113.3%	25,320,174 106.3%	327,538,415 105.8% 118.97
Payments and Remaining IBNR Medicaid Uninsured Uninsurable	9,862,469 72.1% 119.27 110.62 312.79	10,625,024 78.0% 118.86 110.37 312.50	119.00 109.95 312.39	10,826,569 80.4% 76. 119.16 109.90 312.26	10,036,796 74.8% 11% 118.89 110.03 311.93	9,240,925 69.2% 119.30 110.17 312.78	10,936,053 81.9% 118.70 109.59	10,551,137 78.4% 117.95 110.37 308.87	12,242,834 87.7% 84. 115.77 108.55 296.54	11,738,852 80.0% 86. 7% 117.99 109.30 298.23	13,923,415 90.4% 8% 118.73 106.09 289.24	14,413,344 88.5% 120.74 108.65 295.97	134,388,861 79.9% 117.44 120.43 302.49	23,904,151 89.9% 117.44 120.43 302.49	28,037,125 105.4% 117.91 120.92 303.21	25,799,886 96.3% 119.31 121.82 305.37	30,218,952 111.6% 102.7% 119.03 121.67 305.74	27,747,132 102.5% 120.76 122.34 310.18	25,705,530 95.7% 105 121.02 121.39 309.83	29,925,650 116.6% .8% 120.23 124.34 311.97	26,831,137 106.3% 119.08 123.84 312.12	28,601,447 114.4% 118.38 123.40 311.27	28,077,072 113.7% 118.04 123.54 312.10	27,370,159 113.3% 117.65 124.77 313.62	25,320,174 106.3% 118.79 124.51 314.44	327,538,415 105.8% 118.97 122.75 309.36
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled	9,862,469 72.1% 119.27 110.62 312.79 379.29	10,625,024 78.0% 118.86 110.37 312.50 380.31	73.8% 119.00 109.95 312.39 380.26	10,826,569 80.4% 76. 119.16 109.90 312.26 378.49	10,036,796 74.8% 118.89 110.03 311.93 379.93	9,240,925 69.2% 119.30 110.17 312.78 379.92	10,936,053 81.9% 118.70 109.59 311.11 377.56	10,551,137 78.4% 117.95 110.37 308.87 378.73	12,242,834 87.7% 84. 115.77 108.55 296.54 376.82	11,738,852 80.0% 86. 7% 117.99 109.30 298.23 376.05	13,923,415 90.4% 8% 118.73 106.09 289.24 376.93	14,413,344 88.5% 120.74 108.65 295.97 378.77	134,388,861 79.9% 117.44 120.43 302.49 436.90	23,904,151 89.9% 117.44 120.43 302.49 436.90	28,037,125 105.4% 117.91 120.92 303.21 442.77	25,799,886 96.3% 119.31 121.82 305.37 443.64	30,218,952 111.6% 102.7% 119.03 121.67 305.74 443.48	27,747,132 102.5% 120.76 122.34 310.18 447.95	25,705,530 95.7% 105 121.02 121.39 309.83 448.46	29,925,650 116.6% .8% 120.23 124.34 311.97 448.79	26,831,137 106.3% 119.08 123.84 312.12 449.06	28,601,447 114.4% 118.38 123.40 311.27 449.41	28,077,072 113.7% 118.04 123.54 312.10 449.37	27,370,159 113.3% 117.65 124.77 313.62 449.87	25,320,174 106.3% 118.79 124.51 314.44 442.72	327,538,415 105.8% 118.97 122.75 309.36 446.04
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible	9,862,469 72.1% 119.27 110.62 312.79 379.29 14.57	10,625,024 78.0% 118.86 110.37 312.50 380.31 14.53	119.00 109.95 312.39 380.26 14.54	10,826,569 80.4% 76. 119.16 109.90 312.26 378.49 14.57	10,036,796 74.8% 1% 118.89 110.03 311.93 379.93 14.57	9,240,925 69.2% 119.30 110.17 312.78 379.92 14.58	10,936,053 81.9% 118.70 109.59 311.11 377.56 14.54	10,551,137 78.4% 117.95 110.37 308.87 378.73 14.57	12,242,834 87.7% 84. 115.77 108.55 296.54 376.82 14.46	11,738,852 80.0% 86. 7% 117.99 109.30 298.23 376.05 14.42	13,923,415 90.4% 8% 118.73 106.09 289.24 376.93 14.37	14,413,344 88.5% 120.74 108.65 295.97 378.77 14.40	117.44 120.43 302.49 436.90 17.35	23,904,151 89.9% 117.44 120.43 302.49 436.90 17.35	28,037,125 105.4% 117.91 120.92 303.21 442.77 17.56	25,799,886 96.3% 119.31 121.82 305.37 443.64 17.59	30,218,952 111.6% 102.7% 119.03 121.67 305.74 443.48 17.61	27,747,132 102.5% 120.76 122.34 310.18 447.95 17.69	25,705,530 95.7% 105 121.02 121.39 309.83 448.46 17.67	29,925,650 116.6% 8% 120.23 124.34 311.97 448.79 17.67	26,831,137 106.3% 119.08 123.84 312.12 449.06 17.67	28,601,447 114.4% 118.38 123.40 311.27 449.41 17.70	28,077,072 113.7% 118.04 123.54 312.10 449.37 17.71	27,370,159 113.3% 117.65 124.77 313.62 449.87 17.69	25,320,174 106.3% 118.79 124.51 314.44 442.72 17.41	327,538,415 105.8% 118.97 122.75 309.36 446.04 17.61
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment	9,862,469 72.1% 119.27 110.62 312.79 379.29 14.57 143.33	10,625,024 78.0% 118.86 110.37 312.50 380.31 14.53 142.94	119.00 109.95 312.39 380.26 14.54 142.67	10,826,569 80.4% 76. 119.16 109.90 312.26 378.49 14.57 142.38	10,036,796 74.8% 11% 118.89 110.03 311.93 379.93 14.57 142.22	9,240,925 69.2% 119.30 110.17 312.78 379.92 14.58 142.44	118.70 109.59 311.11 377.56 14.54	10,551,137 78.4% 117.95 110.37 308.87 378.73 14.57 142.27	12,242,834 87.7% 84. 115.77 108.55 296.54 376.82 14.46 139.86	11,738,852 80.0% 86. 7% 117.99 109.30 298.23 376.05 14.42 141.60	13,923,415 90.4% 8% 118.73 106.09 289.24 376.93 14.37 140.43	120.74 108.65 295.97 378.77 14.40 142.92	117.44 120.43 302.49 436.90 17.35	23,904,151 89.9% 117.44 120.43 302.49 436.90 17.35 147.18	28,037,125 105.4% 117.91 120.92 303.21 442.77 17.56 147.60	25,799,886 96.3% 119.31 121.82 305.37 443.64 17.59 148.55	30,218,952 111.6% 102.7% 119.03 121.67 305.74 443.48 17.61 148.30	27,747,132 102.5% 120.76 122.34 310.18 447.95 17.69 149.98	25,705,530 95.7% 105 121.02 121.39 309.83 448.46 17.67 149.64	29,925,650 116.6% .8% 120.23 124.34 311.97 448.79 17.67 150.43	26,831,137 106.3% 119.08 123.84 312.12 449.06 17.67 149.41	28,601,447 114.4% 118.38 123.40 311.27 449.41 17.70 148.99	28,077,072 113.7% 118.04 123.54 312.10 449.37 17.71 149.09	27,370,159 113.3% 117.65 124.77 313.62 449.87 17.69	25,320,174 106.3% 118.79 124.51 314.44 442.72 17.41 148.49	327,538,415 105.8% 118.97 122.75 309.36 446.04 17.61 148.94
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92	9,862,469 72.1% 119.27 110.62 312.79 379.29 14.57 143.33 45.15	118.86 110.37 312.50 380.31 14.53 142.94 50.85	73.8% 119.00 109.95 312.39 380.26 14.54 142.67 48.23	10,826,569 80.4% 76. 119.16 109.90 312.26 378.49 14.57 142.38 55.34	10,036,796 74.8% 11% 118.89 110.03 311.93 379.93 14.57 142.22 49.12	9,240,925 69.2% 119.30 110.17 312.78 379.92 14.58 142.44 43.90	118.70 109.59 311.11 377.56 14.54 141.83 54.67	117.95 110.37 308.87 378.73 14.57 142.27 54.19	12,242,834 87.7% 84. 115.77 108.55 296.54 376.82 14.46 139.86 59.43	11,738,852 80.0% 86. 7% 117.99 109.30 298.23 376.05 14.42 141.60 52.47	13,923,415 90.4% 8% 118.73 106.09 289.24 376.93 14.37 140.43 63.44	120.74 108.65 295.97 378.77 14.40 142.92 65.33	117.44 120.43 302.49 436.90 17.35 142.06 53.84	23,904,151 89.9% 117.44 120.43 302.49 436.90 17.35 147.18 64.13	28,037,125 105.4% 117.91 120.92 303.21 442.77 17.56 147.60 75.26	25,799,886 96.3% 119.31 121.82 305.37 443.64 17.59 148.55 68.34	30,218,952 111.6% 102.7% 119.03 121.67 305.74 443.48 17.61 148.30 79.83	27,747,132 102.5% 120.76 122.34 310.18 447.95 17.69 149.98 72.56	25,705,530 95.7% 105 121.02 121.39 309.83 448.46 17.67 149.64 64.29	29,925,650 116.6% 120.23 124.34 311.97 448.79 17.67 150.43 80.16	26,831,137 106.3% 119.08 123.84 312.12 449.06 17.67 149.41 71.95	28,601,447 114.4% 118.38 123.40 311.27 449.41 17.70 148.99 76.98	28,077,072 113.7% 118.04 123.54 312.10 449.37 17.71 149.09 79.91	27,370,159 113.3% 117.65 124.77 313.62 449.87 17.69 149.66 77.31	25,320,174 106.3% 118.79 124.51 314.44 442.72 17.41 148.49 71.04	327,538,415 105.8% 118.97 122.75 309.36 446.04 17.61 148.94 73.48
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500	9,862,469 72.1% 119.27 110.62 312.79 379.29 14.57 143.33 45.15 33.45	118.86 110.37 312.50 380.31 14.53 142.94 50.85 37.59	73.8% 119.00 109.95 312.39 380.26 14.54 142.67 48.23 33.80	10,826,569 80,4% 76. 119,16 109,90 312,26 378,49 14,57 142,38 55,34 36,05	10,036,796 74.8% 11% 118.89 110.03 311.93 379.93 14.57 142.22 49.12 36.62	9,240,925 69.2% 119.30 110.17 312.78 379.92 14.58 142.44 43.90 31.03	10,936,053 81.9% 118.70 109.59 311.11 377.56 14.54 141.83 54.67 38.55	10,551,137 78.4% 117.95 110.37 308.87 378.73 14.57 142.27 54.19 36.02	12,242,834 87.7% 84. 115.77 108.55 296.54 376.82 14.46 139.86 59.43 37.83	11,738,852 80.0% 86. 7% 117.99 109.30 298.23 376.05 14.42 141.60 52.47 37.10	13,923,415 90.4% 8% 118.73 106.09 289.24 376.93 14.37 140.43 63.44 40.05	14,413,344 88.5% 120.74 108.65 295.97 378.77 14.40 142.92 65.33 37.62	117.44 120.43 302.49 436.90 17.35 142.06 53.84 36.39	23,904,151 89.9% 117.44 120.43 302.49 436.90 17.35 147.18 64.13 41.39	28,037,125 105.4% 117.91 120.92 303.21 442.77 17.56 147.60 75.26 49.88	25,799,886 96.3% 119.31 121.82 305.37 443.64 17.59 148.55 68.34 43.90	30,218,952 111.6% 102.7% 119.03 121.67 305.74 443.48 17.61 148.30 79.83 51.28	27,747,132 102.5% 120.76 122.34 310.18 447.95 17.69 149.98 72.56 46.90	25,705,530 95.7% 105 121.02 121.39 309.83 448.46 17.67 149.64 64.29 43.42	29,925,650 116.6% 120.23 124.34 311.97 448.79 17.67 150.43 80.16 55.10	119.08 123.84 312.12 449.06 17.67 149.41 71.95 48.91	28,601,447 114.4% 118.38 123.40 311.27 449.41 17.70 148.99 76.98 51.03	28,077,072 113.7% 118.04 123.54 312.10 449.37 17.71 149.09 79.91 54.34	27,370,159 113.3% 117.65 124.77 313.62 449.87 17.69 149.66 77.31 53.56	25,320,174 106.3% 118.79 124.51 314.44 442.72 17.41 148.49 71.04 46.49	327,538,415 105.8% 118.97 122.75 309.36 446.04 17.61 148.94 73.48 48.85 3.50
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental	9,862,469 72.1% 119.27 110.62 312.79 379.29 14.57 143.33 45.15 33.45 2.59	118.86 110.37 312.50 380.31 14.53 142.94 50.85 37.59 3.20	73.8% 119.00 109.95 312.39 380.26 14.54 142.67 48.23 33.80 2.88 	10,826,569 80.4% 76. 119.16 109.90 312.26 378.49 14.57 142.38 55.34 36.05 3.133	10,036,796 74.8% 178 118.89 110.03 311.93 379.93 14.57 142.22 49.12 3.12 - 16.85	9,240,925 69,2% 119,30 110,17 312,78 379,92 14,58 142,44 43,90 31,03 2,28	10,936,053 81,9% 81,9% 118,70 109,59 311,11 377,56 14,54 141,83 54,67 38,55 2,89 - 19,09	10,551,137 78.4% 117.95 110.37 308.87 378.73 14.57 142.27 54.19 36.02 2.53	12,242,834 87.7% 84. 115.77 108.55 296.54 376.82 14.46 139.86 59.43 37.83 2.94	11,738,852 80.0% 86.0% 117,99 109,30 298,23 376,05 14,42 141,60 52,47 37,10 2,92 -	13,923,415 90.4% 8% 118.73 106.09 289.24 376.93 14.37 140.43 63.44 40.05 2.64	14,413,344 88.5% 120.74 108.65 295.97 378.77 14.40 142.92 65.33 37.62 2.21 -	117.44 120.43 302.49 436.90 17.35 142.06 53.84 36.39 2.77	23,904,151 89.9% 117.44 120.43 302.49 436.90 17.35 147.18 64.13 41.39 2.45	28,037,125 105.4% 117.91 120.92 303.21 442.77 17.56 147.60 75.26 49.88 3.37 -	25,799,886 96.3% 119.31 121.82 305.37 443.64 17.59 148.55 68.34 43.90 2.99 -	30,218,952 111.6% 102.7% 119.03 121.67 305.74 443.48 17.61 148.30 79.83 51.28 3.52 -	27,747,132 102.5% 120.76 122.34 310.18 447.95 17.69 149.98 72.56 46.90 3.29 29.78	25,705,530 95.7% 105 121.02 121.39 309.83 448.46 17.67 149.64 64.29 43.42 2.98	29,925,650 116.6% .8% 120.23 124.34 311.97 448.79 17.67 150.43 80.16 3.88 -	26,831,137 106.3% 119.08 119.08 123.84 312.12 449.06 17.67 149.41 71.95 48.91 3.42 -	28,601,447 114.4% 118.38 123.40 311.27 449.41 17.70 148.99 76.98 51.03 4.10	28,077,072 113,7% 118,04 123,54 312,10 449,37 17,71 149,09 79,91 54,34 4,37	27,370,159 113.3% 117.65 124.77 313.62 449.87 17.69 149.66 77.31 3.56 3.95	25,320,174 106.3% 118.79 124.51 314.44 442.72 17.41 188.49 71.04 46.49 3.688	118.97 122.75 309.36 446.04 17.61 148.94 73.48 48.85 3.50
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor	9,862,469 72.1% 119.27 110.62 312.79 379.29 14.57 143.33 45.15 33.45 2.59 -	118.86 110.37 312.50 380.31 14.53 142.94 50.85 37.59 3.20 - 19.10 2.04	73.8% 119.00 109.95 312.39 380.26 14.54 142.67 48.23 33.80 2.88 19.62 2.02	10,826,569 80.4% 76. 119.16 109.90 312.26 378.49 14.57 142.38 55.34 36.05 3.13 - 19.26 1.98	10,036,796 74.8% 118.89 110.03 311.93 379.93 14.57 142.22 49.12 36.62 3.12 - 16.85	9,240,925 69,2% 119,30 110,17 312,78 379,92 14,58 142,44 43,90 31,03 2,28 - 20,65 1,99	118.70 109.59 311.11 377.56 14.54 141.83 54.67 38.55 2.89 -	10,551,137 78.4% 117.95 110.37 308.87 378.73 14.57 142.27 54.19 36.02 2.53	12,242,834 87.7% 84. 115.77 108.55 296.54 376.82 14.46 139.86 59.43 37.83 2.94 -	11,738,852 80.0% 86.0% 117,99 109,30 298,23 376.05 14.42 141.60 52.47 37.10 292 -	13,923,415 90.4% 8% 118.73 106.09 289.24 376.93 14.37 140.43 63.44 40.05 2.64 - 20.16	14,413,344 88.5% 120.74 108.65 295.97 378.77 14.40 142.92 65.33 37.62 2.21 20.54 1.67	117.44 120.43 302.49 436.90 17.35 142.06 53.84 36.39 2.77	23,904,151 89.9% 117.44 120.43 302.49 436.90 17.35 147.18 64.13 41.39 2.45 23.45 1.54	28,037,125 105.4% 117.91 120.92 303.21 442.77 17.56 147.60 75.26 49.88 3.37 - 25.79 1.53	25,799,886 96.3% 119.31 121.82 305.37 443.64 17.59 148.55 68.34 43.90 2.99 - 26.76 1.52	30,218,952 111.6% 102.7% 119.03 121.67 305.74 443.48 17.61 148.30 79.83 51.28 3.52 - 29.77 1.54	27,747,132 102.5% 120.76 122.34 310.18 447.95 17.69 149.98 72.56 46.90 3.29 - 29.78 1.58	25,705,530 95.7% 105 121.02 121.39 309.83 448.46 17.67 149.64 64.29 43.42 2.98 31.40	29,925,650 116.6% .8% 120.23 124.34 311.97 448.79 17.67 150.43 80.16 55.10 .88 	26,831,137 106.3% 119.08 119.08 123.84 312.12 449.06 17.67 149.41 71.95 48.91 3.42 - 33.09 1.57	28,601,447 114.4% 118.38 123.40 311.27 449.41 17.70 148.99 76.98 51.03 4.10	28,077,072 113.7% 118.04 123.54 312.10 449.37 17.71 149.09 79.91 54.34 4.37	27,370,159 113.3% 117.65 124.77 313.62 449.87 17.69 149.66 77.31 53.56 3.95	25,320,174 106.3% 118.79 124.51 314.44 442.72 17.41 148.49 71.04 46.49 3.68	118.97 122.75 309.36 446.04 17.61 148.94 73.48 48.85 3.50 - 31.07
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance	9,862,469 72.1% 119.27 110.62 312.79 379.29 14.57 143.33 45.15 33.45 2.59 - 21.44 1.99 0.15	118.86 110.37 312.50 380.31 14.53 142.94 50.85 37.59 3.20 - 19.10 2.04 0.15	73.8% 119.00 109.95 312.39 380.26 14.54 142.67 48.23 33.80 2.88 19.62 2.02 0.15	10,826,569 80.4% 76. 119.16 109.90 312.26 378.49 14.57 142.38 55.34 36.05 3.13 19.26 1.98 0.15	10.036,796 74.8% .1% 118.89 110.03 311.93 379.93 14.57 142.22 49.12 36.62 3.12 - 16.85 1.99 0.15	9,240,925 69,2% 119,30 110,17 312,78 379,92 14,58 142,44 43,90 31,03 2,28 - 20,65 1,99 0,15	118.70 109.59 311.11 377.56 14.54 141.83 54.67 38.55 2.89 2.10 0.15	10,551,137 78,4% 117,95 110,37 308,87 378,73 14,57 142,27 54,19 36,02 2,53 18,18 1,84 0,15	12,242,834 87.7% 84. 115.77 108.55 296.54 376.82 14.46 139.86 59.43 37.83 2.94 21.98 1.62 0.14	11,738,852 80.0% 86.37% 117.99 109.30 298.23 376.05 14.42 141.60 52.47 37.10 2.92 20.46 1.62 0.15	13,923,415 90.4% 8% 118.73 106.09 289.24 376.93 14.37 140.43 63.44 40.05 2.64 	120.74 108.65 295.97 378.77 14.40 142.92 65.33 37.62 2.21 20.54 1.67	117.44 120.43 302.49 436.90 17.35 142.06 53.84 36.39 2.77 - 19.81 1.87	23,904,151 89.9% 117.44 120.43 302.49 436.90 17.35 147.18 64.13 41.39 2.45 2.3.45 1.54 0.19	28,037,125 105.4% 117.91 120.92 303.21 442.77 17.56 147.60 75.26 49.88 3.37 25.79 1.53 0.18	25,799,886 96.3% 119.31 121.82 305.37 443.64 17.59 148.55 68.34 43.90 2.99 26.76 1.52 0.18	30,218,952 111.6% 102.7% 119.03 121.67 305.74 443.48 17.61 148.30 79.83 51.28 3.52 29.77 1.54 0.18	27,747,132 102.5% 120.76 122.34 310.18 447.95 17.69 149.98 72.56 46.90 3.29 - 29.78 1.58 0.19	25,705,530 95,7% 105 121,02 121,39 309,83 448,46 17,67 149,64 64,29 43,42 2,98 31,40 1,55 0,18	29,925,650 116.6% 120.23 124.34 311.97 448.79 17.67 150.43 80.16 55.10 3.88 1.56 0.18	26,831,137 106.3% 119.08 123.84 312.12 449.06 17.67 149.41 71.95 48.91 3.42 - 33.09 1.57 0.18	28,601,447 114.4% 118.38 123.40 311.27 449.41 17.70 148.99 76.98 51.03 4.10	28,077,072 113.7% 118.04 123.54 312.10 449.37 17.71 149.09 79.91 54.34 4.37 - 35.12 1.57	27,370,159 113.3% 117.65 124.77 313.62 449.87 17.69 149.66 77.31 53.56 3.95 3.62 1.58 0.18	25,320,174 106.3% 118.79 124.51 314.44 442.72 17.41 148.49 71.04 46.49 3.68 33.77 1.55 0.18	327,538,415 105.8% 118.97 122.75 309.36 446.04 17.61 148.94 73.48 48.85 3.50 - 31.07 1.56 0.18
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Bilind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue	9,862,469 72.1% 119.27 110.62 312.79 379.29 14.57 143.33 45.15 33.45 2.59 - 21.44 1.99 0.15 (0.50)	118.86 110.37 312.50 380.31 14.53 142.94 50.85 37.59 3.20 - 19.10 2.04 0.15 (0.50)	73.8% 119.00 109.95 312.39 380.26 14.54 142.67 48.23 33.80 2.88 19.62 2.02 0.15 (0.50)	10,826,569 80.4% 76. 119.16 109.90 312.26 378.49 14.57 142.38 55.34 36.05 3.13 - 19.26 1.98 0.15 (0.50)	10.036,796 74.8% .1% 118.89 110.03 311.93 379.93 14.57 142.22 49.12 36.62 3.12 - 16.85 1.99 0.15 (0.50)	9,240,925 69,2% 119,30 110,17 312,78 379,92 14,58 142,44 43,90 31,03 2,28 - 20,65 1,99 0,15 (0,50)	118.70 109.59 311.11 377.56 14.54 141.83 54.67 38.55 2.89 - 19.09 2.10 0.15 (0.50)	10.551,137 78.4% 117.95 110.37 308.87 378.73 14.57 142.27 54.19 36.02 2.53 18.18 1.84 0.15 (0.49)	12,242,834 87.7% 84.1 115.77 108.55 296.54 376.82 14.46 139.86 59.43 37.83 2.94 - 21.98 1.62 0.14 (0.47)	11,738,852 80.0% 117,99 107,99 109,30 298,23 376,05 14.42 141,60 52,47 37,10 2,92 - 20,46 1,62 0,15 (0,49)	13,923,415 90.4% 88% 118.73 106.09 289.24 376.93 14.0.3 140.03 2.64 40.05 2.64 - 20.16 1.65 0.15 (0.49)	120.74 108.65 295.97 378.77 14.40 142.92 65.33 37.62 2.21 - 20.54 1.67 0.15	117.44 120.43 302.49 436.90 17.35 142.06 53.84 36.39 2.77 - 19.81 1.87 0.15	23,904,151 89,9% 117,44 120,43 302,49 436,90 17,35 147,18 64,13 41,39 2,45 - 23,45 1,54 0,19 (0,47)	28,037,125 105.4% 117.91 120.92 303.21 442.77 17.56 147.60 75.26 49.88 3.37 - 25.79 1.153 0.18 (0.47)	25,799,886 96.3% 119.31 121.82 305.37 443.64 17.59 148.55 68.34 43.90 2.99 - 26.76 1.52 0.18 (0.47)	30,218,952 111.6% 102.7% 119.03 121.67 305.74 443.48 17.61 148.30 79.83 51.28 3.52 - 29.77 1.54 0.18 (0.47)	27,747,132 102.5% 120.76 122.34 310.18 447.95 17.69 149.98 72.56 46.90 3.29	25,705,530 95,7% 105 121.02 121.39 309.83 448.46 17.67 149.64 64.29 43.42 2.98 - 31.40 0.18 (0.50)	29,925,650 116.6% .8% 120.23 124.34 311.97 448.79 17.67 150.43 80.16 55.10 3.88 - 34.88 - 1.56 0.18 (0.50)	119.08 123.84 312.12 449.06 17.67 149.41 71.95 48.91 3.42 - 33.09 1.57 0.18 (0.42)	28,601,447 114.4% 118.38 123.40 311.27 449.41 17.70 148.99 51.03 4.10	28,077,072 113.7% 118.04 123.54 312.10 449.37 17.71 149.09 79.91 54.34 4.37	27,370,159 113.3% 117.65 124.77 313.62 449.87 17.69 149.66 77.31 53.56 3.95 32.62 1.58 0.18 (0.53)	25,320,174 106.3% 118.79 124.51 314.44 442.72 17.41 148.49 71.04 46.49 3.68	327,538,415 105.8% 118.97 122.75 309.36 446.04 17.61 148.94 73.48 48.85 3.50 - 31.07 1.56 0.18 (0.48)
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates	9,862,469 72.1% 119.27 110.62 312.79 379.29 14.57 143.33 45.15 33.45 2.59 - 21.44 1.99 0.15 (0.50) (0.96)	118.86 110.37 312.50 380.31 14.53 142.94 50.85 37.59 3.20 - 19.10 2.04 0.15 (0.50) (0.97)	73.8% 119.00 109.95 312.39 380.26 14.54 142.67 48.23 33.80 2.88 - 19.62 2.02 0.15 (0.50) (0.97)	10,826,569 80.4% 76. 119.16 109.90 312.26 378.49 14.57 142.38 35.05 3.13 - 19.26 1.98 0.15 (0.50) (0.97)	10,036,796 74.8% 118.89 110.03 311.93 379.93 14.57 142.22 49.12 36.62 3.12 - 16.85 1.99 0.155 (0.50)	9,240,925 69,2% 119,30 110,17 312,78 379,92 14,58 142,44 43,90 31,03 2,28 - 20,65 1,99 0,15 (0,50) (0,98)	118.70 109.59 311.11 377.56 14.54 141.54 141.54 2.89 19.09 2.10 0.15 (0.50)	10,551,137 78.4% 117,95 110,37 308.87 378.73 14.57 142.27 54.19 36.02 2.53 - 18.18 1.84 0.15 (0.49) (0.92)	12,242,834 87.7% 84. 115.77 108.55 296.54 376.82 14.46 139.86 59.43 37.83 2.94 - 21.98 1.62 0.14 (0.47) (0.89)	11,738,852 80.0% 86.17% 117,99 109,30 298,23 376,05 14,42 141,60 52,47 37,10 2,92 - 20,46 1,62 0,15 (0,49) (0,86)	13,923,415 90.4% 88% 118.73 106.09 289.24 376.93 14.37 140.43 63.44 40.05 2.64 - 20.16 0.15 (0.49) (0.83)	120.74 188.59 120.74 188.65 295.97 378.77 14.40 142.92 65.33 37.62 2.21 - 20.54 1.67 0.15 (0.49)	117.44 120.43 302.49 436.90 17.35 142.06 53.84 36.39 2.77 - 19.81 1.87 0.15 (0.49)	23,904,151 89,9% 117,44 120,43 302,49 436,90 17,35 147,18 64,13 41,39 2,45 - 23,45 1,54 0,19 (0,47) (0,68)	28,037,125 105.4% 117.91 120.92 303.21 442.77 17.56 147.60 75.26 49.88 3.37 - 25.79 1.53 0.18 (0.47) (0.69)	25,799,886 96.3% 119.31 121.82 305.37 443.64 17.59 148.55 68.34 43.90 2.99 - 26.76 1.52 0.18 (0.47) (0.69)	30,218,952 111.6% 102.7% 119.03 121.67 305.74 443.48 17.61 148.30 79.83 51.28 3.52 - 29.77 1.54 0.18 (0.47) (0.68)	27,747,132 102.5% 120.76 122.34 310.18 447.95 17.69 149.98 72.56 46.90 3.29 - 29.78 1.58 0.19 (0.50) (0.69)	25,705,530 95,7% 105 121,02 121,39 309,83 448,46 17,67 149,64 64,29 43,42 2,98 - 31,40 1,55 0,18 (0,50) (0,69)	29,925,650 116.6% 120.23 124.34 311.97 448.79 17.67 150.43 80.16 55.10 3.88 - 34.88 1.56 0.18 (0.50) (0.73)	26,831,137 106.3% 119.08 123.84 312.12 449.06 17.67 149.41 71.95 48.91 3.42 - 33.09 1.57 0.18 (0.42) (0.73)	28,601,447 114.4% 118.38 123.40 311.27 449.41 17.70 148.99 76.98 51.03 4.10	28,077,072 113.7% 118.04 123.54 312.10 449.37 17.71 149.09 79.91 54.34 4.37	27,370,159 113.3% 117.65 124.77 313.62 449.87 17.69 149.66 77.31 53.56 3.95 32.62 0.18 (0.53) (1.34)	25,320,174 106.3% 118.79 124.51 314.44 442.72 17.41 148.49 71.04 46.49 3.68	327,538,415 105.8% 118.97 122.75 309.36 446.04 17.61 148.94 73.48 48.85 3.50 - 31.07 1.56 0.18 (0.48) (1.35)
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments	9,862,469 72.1% 119.27 110.62 312.79 379.29 14.57 143.33 45.15 33.45 2.59 	118.86 110.37 312.50 380.31 14.53 142.94 50.85 37.59 3.20 - 19.10 2.04 0.15 (0.50) (0.97)	73.8% 119.00 109.95 312.39 380.26 14.54 142.67 48.23 33.80 19.62 2.02 0.15 (0.50) (0.97) 105.23	10,826,569 80.4% 76. 119.16 109.90 312.26 378.49 14.57 142.38 55.34 36.05 3.13 19.26 1.98 0.15 (0.50) (0.97) 114.42	10,036,796 74.8% 178 118.89 110.03 311.93 379.93 14.57 142.22 49.12 36.62 3.12 - 16.85 1.99 0.15 (0.550) (0.98) 106.38	9,240,925 69,2% 69,2% 119,30 110,17 312,78 379,92 14,58 142,44 43,90 31,03 2,28 	118.70 109.59 311.11 377.56 14.54 141.83 54.67 38.55 2.89 	10,551,137 78.4% 117,95 110,37 308.87 378.73 14.57 142.27 54.19 36.02 2.53 18.18 1.84 0.15 (0,49) (0,92) 111,49	12,242,834 87.7% 84. 115,77 108.55 296.54 376.82 14.46 139.86 59.43 2.94 - 21.98 1.62 0.14 (0.47) (0.89) 122.58	11,738,852 80.0% 86.17% 117,99 109,30 298,23 376,05 14,42 141,60 52,47 37,10 2,92 - 20,46 1,62 0,15 0,49 0,86 113,37	13,923,415 90.4% 88% 118.73 106.09 289.24 376.93 14.37 140.43 60.44 40.05 2.64 - 20.16 1.65 0.15 0.49) (0.83) 126.77	120.74 108.65 295.97 14.40 142.92 65.33 37.62 2.21 - 20.54 1.67 0.15 (0.49) (0.80)	117.44 120.43 302.49 436.90 17.35 142.06 53.84 36.39 2.77 - 19.81 1.87 0.15 (0.49) (0.92)	23,904,151 89,9% 117,44 120,43 302,49 436,90 17,35 147,18 64,13 41,39 2,45 - 23,45 1,54 0,19 (0,47) (0,68) 131,99	28,037,125 105.4% 117.91 120.92 303.21 442.77 17.56 147.60 75.26 49.88 3.37 - 25.79 1.53 0.18 (0.47) (0.69) 154.86	25,799,886 96.3% 119.31 121.82 305.37 443.64 17.59 148.55 64.39 2.99 - 26.76 1.52 0.18 (0.47) (0.69) 142.53	30,218,952 111.6% 102.7% 119.03 121.67 305.74 443.48 17.61 148.30 75.28 3.52 	27,747,132 102.5% 120.76 122.34 310.18 447.95 17.69 149.98 72.56 46.90 3.29 - 29.78 1.58 0.19 (0.50) (0.69) 153.12	25,705,530 95,7% 105 121,02 121,39 309,83 448,46 17,67 149,64 64,29 43,42 2,98 - 31,40 1,55 0,18 (0,50) (0,69) 142,63	29,925,650 116.6% .8% 120.23 124.34 311.97 448.79 17.67 150.43 80.16 55.10 3.88 - 34.88 1.56 0.18 (0.50) (0.73) 174.52	26,831,137 106.3% 119.08 123.84 312.12 449.06 17.67 149.41 71.95 48.91 3.42 - 33.09 1.57 0.18 (0.42) (0.73) 157.98	28,601,447 114.4% 118.38 123.40 311.27 449.41 17.70 148.99 76.98 51.03 4.10 36.42 1.58 0.19 (0.42) (0.74) 169.13	28,077,072 113.7% 118.04 123.54 312.10 449.37 17.71 149.09 79.91 54.34 4.37 - 35.12 1.57 0.18 (0.51) (7.16)	27,370,159 113.3% 117.65 124.77 313.62 449.87 17.69 149.66 77.31 53.56 3.95 - 32.62 1.58 0.188 (0.53) (1.34)	25,320,174 106.3% 118.79 124.51 314.44 442.72 17.41 148.49 71.04 46.49 3.68	327,538,415 105.8% 118.97 122.75 309.36 446.04 17.61 148.94 73.48 48.85 3.50 - 31.07 1.56 0.18 (0.48) (0.48) (1.35)
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments Remaining IBNR	9,862,469 72.1% 119.27 110.62 312.79 379.29 14.57 143.33 45.15 2.59 - 21.44 1.99 0.15 (0.50) (0.96) 103.32 0.00	118.86 110.37 312.50 380.31 14.53 142.94 50.85 37.59 3.20 - 19.10 2.04 0.15 (0.50) (0.97) 111.47	73.8% 119.00 109.95 312.39 380.26 14.54 142.67 48.23 33.80 2.88 19.62 2.02 0.15 (0.50) (0.97) 105.23	10,826,569 80.4% 76. 119.16 109.90 312.26 378.49 14.57 142.38 55.34 36.05 3.13 - 19.26 1.98 0.15 (0.507) 114.42	10,036,796 74.8% 178 118.89 110.03 311.93 379.93 14.57 142.22 49.12 - 16.85 1.99 0.15 (0.98) 106.38 0.01	9,240,925 69,2% 119,30 110,17 312,78 379,92 14,58 142,44 43,90 - 20,65 1,99 0,15 (0,50) (0,98) 98,50 0,01	118.70 109.59 311.11 377.56 14.54 141.83 54.67 38.55 2.89 - 19.09 2.10 0.15 (0.92) 116.03	10,551,137 78.4% 117.95 110.37 308.87 378.73 14.57 142.27 54.19 36.02 2.53 18.18 1.84 0.15 (0.49) (0.92) 111.49 0.11	12,242,834 87.7% 84. 115.77 108.55 296.54 376.82 14.46 139.86 59.43 37.83 2.94 - 21.98 1.62 0.14 (0.47) (0.89) 122.58	11,738,852 80.0% 86.7% 117,99 109,30 298,23 376,05 14,42 141,60 52,47 37,10 2,92 - 20,46 1,62 0,15 (0,48) (0,86) 113,37 (0,04)	13,923,415 90.4% 88% 118.73 106.09 289.24 376.93 14.37 140.43 63.44 40.05 2.64 - 20.16 1.65 0.15 (0.49) (0.83) 126.77	14,413,344 88.5% 120.74 108.65 295.97 378.77 14.40 142.92 65.33 37.62 2.21	117.44 120.43 302.49 436.90 17.35 142.06 53.84 36.39 2.77 - 19.81 1.87 (0.49) (0.92) 113.42	23,904,151 89.9% 117.44 120.43 302.49 436.90 17.35 147.18 64.13 41.39 2.45 - 23.45 1.54 0.19 (0.48) 131.99 0.33	28,037,125 105.4% 117.91 120.92 303.21 442.77 17.56 147.60 75.26 49.88 3.37 - 25.79 1.53 0.18 (0.47) (0.69) 154.86 0.71	25,799,886 96.3% 119.31 121.82 305.37 443.64 17.59 148.55 68.34 43.90 2.99 - 26.76 1.52 0.18 (0.47) (0.69) 142.53 0.51	30,218,952 111.6% 102.7% 119.03 121.67 305.74 443.48 17.61 148.30 79.83 51.52 3.52 - 29.77 1.54 0.18 (0.48) 164.96 0.60	27,747,132 102.5% 120.76 122.34 310.18 447.95 17.69 149.98 72.56 46.90 3.29 29.78 1.58 0.19 (0.69) 153.12	25,705,530 95,7% 105 121,02 121,39 309,83 448,46 17,67 149,64 64,29 43,42 2,98	29,925,650 116.6% .8% .8% .120.23 .124.34 .311.97 .448.79 .17.67 .150.43 .80.16 .3.8834.88 .1.56 .0.18 .0.50) .0.73) .174.52 .89	26,831,137 106.3% 119.08 123.84 312.12 449.06 17.67 149.41 71.95 48.91 3.42 - 33.09 1.57 0.18 (0.42) (0.73) 157.98 0.92	28,601,447 114.4% 118.38 123.40 311.27 449.41 17.70 148.99 76.98 51.03 4.10	28,077,072 113.7% 118.04 123.54 312.10 449.37 17.71 149.09 79.91 54.34 4.37 35.12 1.57 0.18 (0.51) (7.16) 167.83 1.74	27,370,159 113.3% 117.65 124.77 313.62 449.87 17.69 149.66 77.31 32.62 1.58 0.18 (0.13) (1.34) 167.33 2.16	25,320,174 106.3% 118.79 124.51 314.44 442.72 17.41 148.49 71.04 46.49 3.68	327,538,415 105.8% 118.97 122.75 309.36 446.04 17.61 148.94 73.48 48.85 3.50 - 31.07 1.56 0.18 (0.48) (1.35) 156.81
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments	9,862,469 72.1% 119.27 110.62 312.79 379.29 14.57 143.33 45.15 33.45 2.59 	118.86 110.37 312.50 380.31 14.53 142.94 50.85 37.59 3.20 - 19.10 2.04 0.15 (0.50) (0.97)	73.8% 119.00 109.95 312.39 380.26 14.54 142.67 48.23 33.80 19.62 2.02 0.15 (0.50) (0.97) 105.23	10,826,569 80.4% 76. 119.16 109.90 312.26 378.49 14.57 142.38 55.34 36.05 3.13 19.26 1.98 0.15 (0.50) (0.97) 114.42	10,036,796 74.8% 178 118.89 110.03 311.93 379.93 14.57 142.22 49.12 36.62 3.12 - 16.85 1.99 0.15 (0.550) (0.98) 106.38	9,240,925 69,2% 69,2% 119,30 110,17 312,78 379,92 14,58 142,44 43,90 31,03 2,28 	118.70 109.59 311.11 377.56 14.54 141.83 54.67 38.55 2.89 	10,551,137 78.4% 117,95 110,37 308.87 378.73 14.57 142.27 54.19 36.02 2.53 18.18 1.84 0.15 (0,49) (0,92) 111,49	12,242,834 87.7% 84. 115,77 108.55 296.54 376.82 14.46 139.86 59.43 2.94 - 21.98 1.62 0.14 (0.47) (0.89) 122.58	11,738,852 80.0% 86.17% 117,99 109,30 298,23 376,05 14,42 141,60 52,47 37,10 2,92 - 20,46 1,62 0,15 0,49 0,86 113,37	13,923,415 90.4% 88% 118.73 106.09 289.24 376.93 14.37 140.43 60.44 40.05 2.64 - 20.16 1.65 0.15 0.49) (0.83) 126.77	120.74 108.65 295.97 14.40 142.92 65.33 37.62 2.21 - 20.54 1.67 0.15 (0.49) (0.80)	117.44 120.43 302.49 436.90 17.35 142.06 53.84 36.39 2.77 - 19.81 1.87 0.15 (0.49) (0.92)	23,904,151 89,9% 117,44 120,43 302,49 436,90 17,35 147,18 64,13 41,39 2,45 - 23,45 1,54 0,19 (0,47) (0,68) 131,99	28,037,125 105.4% 117.91 120.92 303.21 442.77 17.56 147.60 75.26 49.88 3.37 - 25.79 1.53 0.18 (0.47) (0.69) 154.86	25,799,886 96.3% 119.31 121.82 305.37 443.64 17.59 148.55 64.39 2.99 - 26.76 1.52 0.18 (0.47) (0.69) 142.53	30,218,952 111.6% 102.7% 119.03 121.67 305.74 443.48 17.61 148.30 75.28 3.52 	27,747,132 102.5% 120.76 122.34 310.18 447.95 17.69 149.98 72.56 46.90 3.29 - 29.78 1.58 0.19 (0.50) (0.69) 153.12	25,705,530 95,7% 105 121,02 121,39 309,83 448,46 17,67 149,64 64,29 43,42 2,98 - 31,40 1,55 0,18 (0,50) (0,69) 142,63	29,925,650 116.6% .8% 120.23 124.34 311.97 448.79 17.67 150.43 80.16 55.10 3.88 - 34.88 1.56 0.18 (0.50) (0.73) 174.52	26,831,137 106.3% 119.08 123.84 312.12 449.06 17.67 149.41 71.95 48.91 3.42 - 33.09 1.57 0.18 (0.42) (0.73) 157.98	28,601,447 114.4% 118.38 123.40 311.27 449.41 17.70 148.99 76.98 51.03 4.10 36.42 1.58 0.19 (0.42) (0.74) 169.13	28,077,072 113.7% 118.04 123.54 312.10 449.37 17.71 149.09 79.91 54.34 4.37 - 35.12 1.57 0.18 (0.51) (7.16)	27,370,159 113.3% 117.65 124.77 313.62 449.87 17.69 149.66 77.31 53.56 3.95 - 32.62 1.58 0.188 (0.53) (1.34)	25,320,174 106.3% 118.79 124.51 314.44 442.72 17.41 148.49 71.04 46.49 3.68	327,538,415 105.8% 118.97 122.75 309.36 446.04 17.61 148.94 73.48 48.85 3.50 - 31.07 1.56 0.18 (0.48) (0.48) (1.35)
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HHCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments Remaining IBNR Payments and Remaining IBNR	9,862,469 72.1% 119.27 110.62 312.79 379.29 14.57 143.33 45.15 33.45 2.59 - 21.44 1.99 0.15 (0.50) (0.96) 103.32 0.00 103.32	118.86 110.37 312.50 380.31 14.53 142.94 50.85 37.59 3.20 - 19.10 2.04 0.15 (0.50) (0.97) 111.47	73.8% 119.00 109.95 312.39 380.26 14.54 142.67 48.23 33.80 2.88 19.62 2.02 0.15 (0.50) (0.97) 105.23 0.01	10,826,569 80.4% 76. 119.16 109.90 312.26 378.49 14.57 142.38 55.34 36.05 3.13 . 19.26 1.98 0.15 (0.50) (0.97) 114.42	10,036,796 74.8% 118.89 110.03 311.93 379.93 14.57 142.22 49.12 36.62 3.12 - 16.85 1.99 0.15 (0.50) (0.98) 106.38	9,240,925 69,2% 119,30 110,17 312,78 379,92 14,58 142,44 43,90 31,03 2,28 - 20,65 1,99 0,15 (0,50) (0,98) 98,50 0,01 98,51	118.70 109.59 311.11 377.56 14.54 141.83 54.67 38.55 2.89	10,551,137 78.4% 117.95 110.37 308.87 378.73 14.57 142.27 54.19 36.02 2.53	12,242,834 87.7% 84. 115.77 108.55 296.54 376.82 14.46 139.86 59.43 37.83 2.94 21.98 1.62 0.14 (0.47) (0.89) 122.58 0.15 122.72	11,738,852 80.0% 86. 7% 117,99 109,30 298,23 376,05 14,42 141,60 52,47 37,10 2,92 - 20,46 1,62 0,15 (0,49) (0,86) 113,33	13,923,415 90.4% 8% 118.73 106.09 289.24 376.93 14.37 140.43 63.44 20.16 1.65 0.15 (0.49) (0.493) 126.77 0.21 126.98	14,413,344 88.5% 120.74 108.65 295.97 378.77 14.40 142.92 65.33 37.62 2.21 - 20.54 1.67 0.15 (0.49) (0.80) 126.24 0.28 126.51	134,388,861 79.9% 117.44 120.43 302.49 436.90 17.35 142.06 53.84 36.39 2.77 - 19.81 1.87 0.15 (0.49) (0.92) 113.42 0.07 113.49	23,904,151 89.9% 117.44 120.43 302.49 436.90 17.35 147.18 64.13 41.39 2.45 . 23.45 0.19 (0.47) (0.67) (0.68) 131.99 0.33 132.31	28,037,125 105.4% 117.91 120.92 303.21 442.77 17.56 147.60 75.26 49.88 3.37 - 25.79 1.53 0.18 (0.47) (0.69) 15.486 0.71 155.57	25,799,886 96.3% 119.31 121.82 305.37 443.64 17.59 148.55 68.34 43.90 2.99 - 26.76 1.52 0.18 (0.47) (0.69) 142.53 0.51 143.04	30,218,952 111.6% 102.7% 119.03 121.67 305.74 443.48 17.61 148.30 79.83 3.52 - 29.77 1.54 0.18 (0.478) (0.478) 164.96 0.60 165.57	27,747,132 102.5% 120.76 122.34 310.18 447.95 17.69 149.98 72.56 46.90 3.29 29.78 1.58 0.19 (0.50) (0.69) 153.12 0.66 153.78	25,705,530 95,7% 105 121,02 121,39 309,83 448,46 17,67 149,64 64,29 43,42 2,98 - 31,40 1,55 0,18 (0,50) (0,60) 142,63 0,62 143,25	29,925,650 116.6% .8% 120.23 124.34 311.97 448.79 17.67 150.43 80.16 55.10 3.88 - 34.88 1.56 0.18 (0.50) (0.73) 174.52 0.89 175.41	26,831,137 106.3% 119.08 123.84 312.12 449.06 17.67 149.41 71.95 48.91 3.42 - 33.09 1.57 0.18 (0.42) (0.73) 157.98 0.92 158.89	28,601,447 114.4% 118.38 123.40 311.27 449.41 17.70 148.99 76.98 51.03 4.10	28,077,072 113.7% 118.04 123.54 312.10 449.37 17.71 149.09 79.91 54.34 4.37 35.12 1.57 0.18 (0.51) (7.16) 167.83 1.74 169.57	27,370,159 113.3% 117.65 124.77 313.62 449.87 17.69 149.66 77.31 53.56 32.62 1.58 0.18 (0.53) (1.34) 167.33 2.16 169.50	25,320,174 106.3% 118.79 124.51 314.44 442.72 17.41 148.49 71.04 46.49 3.688	327,538,415 105.8% 118.97 122.75 309.36 446.04 17.61 148.94 73.48 48.85 3.50 - 31.07 1.56 0.18 (0.48) (1.35) 156.81 1.12 157.93
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments Remaining IBNR Payments and Remaining IBNR Capitation	9,862,469 72.1% 119.27 110.62 312.79 379.29 14.57 143.33 45.15 33.45 2.59 - 21.44 1.99 0.15 (0.50) (0.96) 103.32 0.00 103.32	118.86 110.37 312.50 380.31 14.53 142.94 50.85 37.59 3.20 - 19.10 2.04 0.15 (0.50) (0.97) 111.47 0.01	73.8% 119.00 109.95 312.39 380.26 14.54 142.67 48.23 33.80 2.88 19.62 2.02 0.15 (0.50) (0.97) 105.23 0.011 105.24	10,826,569 80.4% 76. 119.16 109.90 312.26 378.49 14.57 142.38 55.34 36.05 3.13 - 19.26 1.98 0.15 (0.50) (0.97) 114.42 0.011 114.43	10,036,796 74.8% 178 118.89 110.03 311.93 379.93 14.57 142.22 49.12 36.62 3.12 - 16.85 1.99 0.15 (0.50) (0.98) 106.38 0.011 106.38	9,240,925 69,2% 119,30 110,17 312,78 379,92 14,58 142,44 43,90 31,03 2,28 - 20,65 1,99 0,15 (0,50) (0,98) 98,50 0,01 98,51 13,361,586	10,936,053 81,9% 81,9% 118,70 109,59 311.11 377.56 14,54 141.83 54,67 38,55 2,89 - 19,09 2,10 0,15 (0,50) (0,92) 116,03 0,10 116,12	10,551,137 78.4% 117.95 110.37 308.87 378.73 14.57 142.27 54.19 36.02 2.53 . 18.18 1.84 0.15 (0.49) (0.92) 111.49 0.11 111.60	12,242,834 87.7% 84. 115.77 108.55 296.54 376.82 14.46 139.86 59.43 37.83 2.94 - 21.98 1.62 0.14 (0.47) (0.89) 122.58 0.15 122.72	11,738,852 80.0% 86.0% 117,99 109,30 298,23 376,05 14,42 141,60 52,47 37,10 292 - 20,46 1,62 0,15 (0,49) (0,86) 113,33 (0,04) 113,33	13,923,415 90.4% 8% 118.73 106.09 289.24 376.93 14.37 140.43 63.44 40.05 20.16 1.65 0.15 (0.49) (0.83) 126.77 0.21 126.98	120.74 108.65 295.97 378.77 14.40 142.92 65.33 37.62 2.21	134,388,861 79.9% 117.44 120.43 302.49 436.90 17.35 142.06 53.84 36.39 2.77 - 19.81 1.87 0.15 (0.49) (0.92) 113.42 0.07 113.49	23,904,151 89.9% 117.44 120.43 302.49 436.90 17.35 147.18 64.13 41.39 2.45 - 23.45 1.54 0.19 (0.47) (0.68) 131.99 0.33 132.31	28,037,125 105.4% 117.91 120.92 303.21 442.77 17.56 147.60 75.26 49.88 3.37 - 25.79 1.53 0.18 (0.47) (0.69) 154.86 0.71 155.57	25,799,886 96.3% 96.3% 119.31 121.82 305.37 443.64 17.59 148.55 68.34 43.90 2.99 - 26.76 1.52 0.18 (0.47) (0.69) 142.53 0.51 143.04	30,218,952 111.6% 102.7% 119.03 121.67 305.74 443.48 17.61 148.30 79.83 51.28 3.52 29.77 1.54 0.18 (0.47) (0.68) 164.96 0.660 165.57	27,747,132 102.5% 120.76 122.34 310.18 447.95 17.69 149.98 72.56 46.90 3.29 29.78 1.58 0.19 (0.50) (0.69) 153.12 0.66 153.78	25,705,530 95,7% 105 121.02 121.39 309.83 448.46 17.67 149.64 64.29 43.42 2.98 0.18 0.50 0.69 142.63 0.62 143.25	29,925,650 116.6% 116.6% .8% 120.23 124.34 311.97 448.79 17.67 150.43 80.16 55.10 3.88 34.88 1.56 0.18 (0.50) (0.73) 174.52 0.89 175.41	26,831,137 106.3% 119.08 123.84 312.12 449.06 17.67 149.41 71.95 48.91 3.42 - 33.09 1.57 0.18 (0.42) (0.73) 157.98 0.92 158.89	28,601,447 114.4% 118.38 123.40 311.27 449.41 17.70 148.99 76.98 51.03 4.10	28,077,072 113.7% 118.04 123.54 312.10 449.37 17.71 149.09 79.91 54.34 4.37 35.12 1.57 0.18 (0.51) (7.16) 167.83 1.74 169.57	27,370,159 113.3% 117.65 124.77 313.62 449.87 17.69 149.66 77.31 53.56 3.95 32.62 1.58 0.18 (0.53) (1.34) 167.33 2.16 169.50 24,167,066	25,320,174 106.3% 118.79 124.51 314.44 442.72 17.41 148.49 71.04 46.49 3.68 0.53 (0.53) (1.35) 154.83 2.99 157.82	327,538,415 105.8% 118.97 122.75 309.36 446.04 17.61 148.94 73.48 48.85 3.50 - 31.07 1.56 0.18 (0.48) (1.35) 156.81 1.12 157.93
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments Remaining IBNR Payments and Remaining IBNR Capitation MMLR per TennCare CRA %	9,862,469 72.1% 119.27 110.62 312.79 379.29 14.57 143.33 45.15 33.45 2.59 - 21.44 1.99 0.15 (0.50) (0.96) 103.32 0.00 103.32 13,681,448	10,625,024 78.0% 118.86 110.37 312.50 380.31 14.53 3142.94 50.85 37.59 3.20 - 19.10 2.04 0.15 (0.50) (0.97) 111.47 0.01 111.47	73.8% 119.00 109.95 312.39 380.26 14.54 142.67 48.23 33.80 2.88 - 19.62 2.02 0.15 (0.50) (0.97) 105.23 0.01 105.24	10,826,569 80.4% 76. 119.16 109.90 312.26 378.49 14.57 142.38 55.34 36.05 3.13 - 19.26 1.98 0.15 (0.50) (0.97) 114.42 0.01 114.43	10,036,796 74.8% 118.89 110.03 311.93 379.93 14.57 142.22 49.12 36.62 3.12 - 16.85 (0.50) (0.98) 106.38 0.01 106.38 13,417,871 85%	9,240,925 69,2% 119,30 110,17 312,78 379,92 14,58 142,44 43,90 31,03 2,28 - 20,65 1,99 0,15 (0,50) (0,98) 98,50 0,01 98,51 13,361,586 85%	118.70 109.59 311.11 377.56 14.54 141.83 54.67 38.55 2.89 19.09 2.10 0.15 (0.50) (0.92) 116.03 0.10 116.12	10,551,137 78.4% 117,95 110,37 308.87 378.73 14.57 142.27 54.19 36.02 2.53 - 18.18 1.84 0.15 (0.49) (0.92) 111,49 0.11 111,60 13,450,551	12,242,834 87.7% 84. 115.77 108.55 296.54 376.82 14.46 139.86 59.43 37.83 2.94 21.98 1.62 0.14 (0.47) (0.89) 122.58 0.15 122.72	11,738,852 80.0% 86.17% 117,99 109,30 298,23 376,05 14,42 141,60 52,47 37,10 2,92 - 20,46 1,625 (0,49) (0,86) 113,37 (0,04) 113,33 14,666,743 85%	13,923,415 90.4% 88% 118.73 106.09 289.24 376.93 14.37 140.43 40.05 2.64 20.16 1.655 0.15 (0.49) (0.83) 126.77 0.21 126.98 15,398,045 85%	120.74 108.65 295.97 378.77 14.40 142.92 65.33 37.62 2.21	134,388,861 79.9% 117.44 120.43 302.49 436.90 17.35 142.06 53.84 36.39 2.77 - 19.81 1.87 0.15 (0.49) (0.92) 113.42 0.07 113.49 168,209,713 85%	23,904,151 89,9% 117,44 120,43 302,49 436,90 17,35 147,18 64,13 41,39 2,45 - - - - - - - - - - - - -	28,037,125 105.4% 117.91 120.92 303.21 442.77 17.56 49.88 3.37 - 25.79 1.53 0.18 (0.47) (0.69) 154.86 0.71 155.57	25,799,886 96.3% 119.31 121.82 305.37 443.64 17.59 148.55 68.34 43.90 2.99 - 26.76 1.52 0.18 (0.47) (0.69) 142.53 0.51 143.04 26,792,888 85%	30,218,952 111.6% 102.7% 119.03 121.67 305.74 443.48 17.61 148.30 79.83 51.28 3.52 - 29.77 1.54 0.18 (0.47) (0.68) 164.96 0.60 165.57 27,067,183	27,747,132 102.5% 120.76 122.34 310.18 447.95 17.69 149.98 72.56 46.90 3.29 29.78 1.58 1.58 1.59 (0.50) (0.69) 153.12 0.66 153.78 27,061,055 85%	25,705,530 95,7% 105 121.02 121.39 309.83 448.46 17.67 149.64 64.29 43.42 2.98	29,925,650 116.6% 116.6% 120.23 124.34 311.97 448.79 17.67 150.43 80.16 55.10 3.88	26,831,137 106.3% 119.08 123.84 312.12 449.06 17.67 149.41 71.95 48.91 3.42 - 33.09 1.57 0.18 (0.42) (0.73) 157.98 0.92 158.89	28,601,447 114.4% 118.38 123.40 311.27 449.41 17.70 148.99 76.98 51.03 4.10	28,077,072 113.7% 118.04 123.54 312.10 449.37 17.71 149.09 79.91 54.34 4.37 35.12 1.57 0.18 (0.51) (7.16) 167.83 1.74 169.57 24,686,569 85%	27,370,159 113.3% 117.65 124.77 313.62 449.87 17.69 149.66 77.31 53.56 3.95 3.262 1.34) 167.33 2.16 169.50 24,167,066 85%	25,320,174 106.3% 118.79 124.51 314.44 442.72 17.41 148.49 71.04 46.49 3.68 33.77 1.55 0.18 (0.53) (1.35) 154.83 2.99 157.82 23,822,747 85%	327,538,415 105.8% 118.97 122.75 309.36 446.04 17.61 148.94 73.48 48.85 3.50 31.07 1.56 0.18 (0.48) (1.35) 156.81 1.12 157.93
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments Remaining IBNR Payments and Remaining IBNR Capitation MMLR per TennCare CRA % MMLR per TennCare CRA \$	9,862,469 72.1% 119.27 110.62 312.79 379.29 14.57 143.33 45.15 33.45 2.59 21.44 1.99 0.15 (0.50) (0.96) 103.32 0.00 103.32 13,681,448 85% 11,629,231	10,625,024 78.0% 118.86 110.37 312.50 380.31 14.53 142.94 50.85 37.59 3.20 - 19.10 2.04 0.15 (0.50) (0.97) 111.47 0.01 111.47 13,624,212 85% 11,580,580	73.8% 119.00 109.95 312.39 380.26 14.54 142.67 48.23 33.80 . 19.62 2.02 2.02 (0.50) (0.97) 105.23 0.01 105.24 13,545,626 85% 11,513,782	10,826,569 80.4% 76. 119.16 109.90 312.26 378.49 14.57 142.38 55.34 3.13 - 19.26 1.98 0.15 0.50) (0.97) 114.42 0.01 114.43 13,470,954 85%	10,036,796 74.8% 178 118.89 110.03 311.93 379.93 14.57 142.22 49.12 36.62 3.12 - 16.85 1.99 0.15 (0.50) (0.98) 106.38 0.01 106.38 13,417,871 85% 11,405,190	9,240,925 69,2% 119,30 110,17 312,78 379,92 14,58 142,44 43,90 31,03 2,28 - 20,65 1,99 0,15 (0,50) (0,98) 98,50 0,01 98,51 13,361,586 85% 11,357,348	118.70 109.59 311.11 377.56 14.54 141.83 54.67 38.55 2.89 - 19.09 2.10 0.15 (0.50) (0.92) 116.03 0.10 116.12	10,551,137 78.4% 117,95 110,37 308.87 378.73 14.57 142.27 54.19 36.02 2.53 - 18.18 1.84 0.15 0.049 0.92) 111.49 0.11 111.60 13,450,551 85%	12,242,834 87.7% 84. 115.77 108.55 296.54 376.82 14.46 139.86 59.43 37.83 2.94 21.98 1.62 0.14 (0.47) (0.89) 122.58 0.15 122.72	11,738,852 80.0% 86.17% 117,99 109,30 298,23 376,05 14,42 141,60 52,47 37,10 2,92 - - 20,46 1.62 0,15 0,049 (0,86) 113,37 (0,04) 113,33 14,666,743 85% 12,466,732	13,923,415 90.4% 88% 118.73 106.09 289.24 376.93 14.37 140.43 63.44 440.05 2.64 20.16 1.65 (0.49) (0.83) 126.77 0.21 126.98 15,398,045 85% 13,088,338	120.74 108.65 295.97 14.40 142.92 65.33 37.62 2.21 - 20.54 1.67 0.15 0.49 0.80 126.24 0.28 126.51	134,388,861 79.9% 117.44 120.43 302.49 436.90 17.35 142.06 53.84 36.39 2.77 - 19.81 1.87 0.15 (0.49) (0.92) 113.42 0.07 113.49 168,209,713 85%	23,904,151 89,9% 117,44 120,43 302,49 436,90 17,35 147,18 64,13 41,39 2,45 - 23,45 1,54 0,19 (0,68) 131,99 0,33 132,31 26,589,506 85% 22,601,080	28,037,125 105.4% 117.91 120.92 303.21 442.77 17.56 147.60 75.26 49.88 3.37 - 25.79 1.53 0.18 (0.47) (0.69) 154.86 0.71 155.57 26,601,404 85% 22,611,194	25,79,886 96.3% 119.31 121.82 305.37 443.64 17.59 148.55 68.34 43.90 2.99 - 26.76 1.52 0.18 (0.47) (0.69) 142.53 0.51 143.04 26,792,888 85% 22,773,955	30,218,952 111.6% 102.7% 119.03 121.67 305.74 443.48 17.61 148.30 79.83 51.28 3.52 - 29.77 1.54 (0.68) 164.96 0.60 165.57 27,067,183 85% 23,007,106	27,747,132 102.5% 120.76 122.34 310.18 447.95 17.69 149.98 72.56 46.90 3.29 - 29.78 1.58 0.19 (0.50) (0.69) 153.12 0.66 153.78 27,061,055 85% 23,001,896	25,705,530 95,7% 105 121,02 121,39 309,83 448,46 17,67 149,64 64,29 - 31,40 1,55 0,18 (0,50) (0,69) 142,63 0,62 143,25 26,852,321 85% 22,824,473	29,925,650 116.6% 116.6% 120.23 124.34 311.97 448.79 17.67 150.43 80.16 55.10 3.88 - 34.88 1.56 0.18 (0.50) (0.73) 174.52 0.89 175.41 25,664,372 85% 21,814,716	26,831,137 106.3% 119.08 123.84 312.12 449.06 17.67 149.41 71.95 48.91 3.42 - 33.09 1.57 0.18 (0.42) (0.73) 157.98 0.92 158.89 25,229,733 85% 21,445,273	28,601,447 114.4% 118.38 123.40 311.27 449.41 17.70 148.99 76.98 51.03 4.10	28,077,072 113.7% 118.04 123.54 312.10 449.37 17.71 149.09 79.91 54.34 4.37 - 35.12 1.57 0.18 0.051) (7.16) 167.83 1.74 169.57 24,686,569 85% 20,983,584	27,370,159 113,3% 117,65 124,77 313,62 449,87 17,69 149,66 77,31 53,56 3,95 - 32,62 1,58 (0,53) (1,34) 167,33 2,16 169,50 24,167,066 85% 20,542,006	25,320,174 106.3% 118.79 124.51 314.44 442.72 17.41 148.49 71.04 46.49 3.68 33.77 1.55 0.18 (0.53) (1.35) 154.83 2.99 157.82 23,822,747 85% 20,249,335	327,538,415 105.8% 118.97 122.75 309.36 446.04 17.61 148.94 73.48 48.85 3.50 - 31.07 1.56 0.18 (0.48) (1.35) 156.81 1.12 157.93 309,535,841 85% 263,105,465
Payments and Remaining IBNR Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments Remaining IBNR Payments and Remaining IBNR Capitation MMLR per TennCare CRA %	9,862,469 72.1% 119.27 110.62 312.79 379.29 14.57 143.33 45.15 33.45 2.59 - 21.44 1.99 0.15 (0.50) (0.96) 103.32 0.00 103.32 13,681,448	10,625,024 78.0% 118.86 110.37 312.50 380.31 14.53 3142.94 50.85 37.59 3.20 - 19.10 2.04 0.15 (0.50) (0.97) 111.47 0.01 111.47	73.8% 119.00 109.95 312.39 380.26 14.54 142.67 48.23 33.80 2.88 - 19.62 2.02 0.15 (0.50) (0.97) 105.23 0.01 105.24	10,826,569 80.4% 76. 119.16 109.90 312.26 378.49 14.57 142.38 55.34 36.05 3.13 - 19.26 1.98 0.15 (0.50) (0.97) 114.42 0.01 114.43	10,036,796 74.8% 118.89 110.03 311.93 379.93 14.57 142.22 49.12 36.62 3.12 - 16.85 (0.50) (0.98) 106.38 0.01 106.38 13,417,871 85%	9,240,925 69,2% 119,30 110,17 312,78 379,92 14,58 142,44 43,90 31,03 2,28 - 20,65 1,99 0,15 (0,50) (0,98) 98,50 0,01 98,51 13,361,586 85%	118.70 109.59 311.11 377.56 14.54 141.83 54.67 38.55 2.89 19.09 2.10 0.15 (0.50) (0.92) 116.03 0.10 116.12	10,551,137 78.4% 117,95 110,37 308.87 378.73 14.57 142.27 54.19 36.02 2.53 - 18.18 1.84 0.15 (0.49) (0.92) 111,49 0.11 111,60 13,450,551	12,242,834 87.7% 84. 115.77 108.55 296.54 376.82 14.46 139.86 59.43 37.83 2.94 21.98 1.62 0.14 (0.47) (0.89) 122.58 0.15 122.72	11,738,852 80.0% 86.17% 117,99 109,30 298,23 376,05 14,42 141,60 52,47 37,10 2,92 - 20,46 1,625 (0,49) (0,86) 113,37 (0,04) 113,33 14,666,743 85%	13,923,415 90.4% 88% 118.73 106.09 289.24 376.93 14.37 140.43 40.05 2.64 20.16 1.655 0.15 (0.49) (0.83) 126.77 0.21 126.98 15,398,045 85%	120.74 108.65 295.97 378.77 14.40 142.92 65.33 37.62 2.21	134,388,861 79.9% 117.44 120.43 302.49 436.90 17.35 142.06 53.84 36.39 2.77 - 19.81 1.87 0.15 (0.49) (0.92) 113.42 0.07 113.49 168,209,713 85%	23,904,151 89,9% 117,44 120,43 302,49 436,90 17,35 147,18 64,13 41,39 2,45 - 23,45 1,544 0,19 (0,68) 131,99 0,33 132,31 26,589,506 85%	28,037,125 105.4% 117.91 120.92 303.21 442.77 17.56 49.88 3.37 - 25.79 1.53 0.18 (0.47) (0.69) 154.86 0.71 155.57	25,799,886 96.3% 119.31 121.82 305.37 443.64 17.59 148.55 68.34 43.90 2.99 - 26.76 1.52 0.18 (0.47) (0.69) 142.53 0.51 143.04 26,792,888 85%	30,218,952 111.6% 102.7% 119.03 121.67 305.74 443.48 17.61 148.30 7.61 1.54 0.68 164.96 0.60 165.57 27,067,183 85% 23,007,106 30,218,952	27,747,132 102.5% 120.76 122.34 310.18 447.95 17.69 149.98 72.56 46.90 3.29 29.78 1.58 1.58 1.59 (0.50) (0.69) 153.12 0.66 153.78 27,061,055 85%	25,705,530 95,7% 105 121,02 121,39 309,83 448,46 17,67 149,64 64,29 43,42 2,98 - 31,40 1,55 0,18 (0,50) (0,69) 142,63 0,62 143,25 26,852,321 85% 22,824,473 25,705,530	29,925,650 116.6% .8% 120.23 124.34 311.97 448.79 17.67 150.43 80.16 55.10 3.88	26,831,137 106.3% 119.08 123.84 312.12 449.06 17.67 149.41 71.95 48.91 3.42 - 33.09 1.57 0.18 (0.42) (0.73) 157.98 0.92 158.89	28,601,447 114.4% 118.38 123.40 311.27 449.41 17.70 148.99 76.98 51.03 4.10	28,077,072 113.7% 118.04 123.54 312.10 449.37 17.71 149.09 79.91 54.34 4.37 35.12 1.57 0.18 (0.51) (7.16) 167.83 1.74 169.57 24,686,569 85%	27,370,159 113.3% 117.65 124.77 313.62 449.87 17.69 149.66 77.31 53.56 3.95 3.262 1.34) 167.33 2.16 169.50 24,167,066 85%	25,320,174 106.3% 118.79 124.51 314.44 442.72 17.41 148.49 71.04 46.49 3.68 33.77 1.55 0.18 (0.53) (1.35) 154.83 2.99 157.82 23,822,747 85%	327,538,415 105.8% 118.97 122.75 309.36 446.04 17.61 148.94 73.48 48.85 3.50 3.1.07 1.56 0.18 (0.48) (1.35) 156.81 1.12 157.93 309,535,841 85%

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JUNE 2002 (3rd Amendment)			2000						2001				For the Period			2001						2002				For the Period
(Ir	ncurred Month	1					Incurred Mont	h			07/01/2000-			Incurred Month	1				In	curred Month				07/01/2001-
	July	August	September	October	November	December	January	February	March	April	May	June	06/30/2001	July	August	September	October	November	December	January	February	March	April	May	June	06/30/2002
Enrollment: Medicaid	5,426	5,371	5,324	5,221	5,125	5,041	4.977	4.855	4,858	4.832	4,858	4,884	60,772	199	217	160	141	131	121	112	106	94	67	65	61	1,474
Enrollment: Uninsured	3,361	3,355	3,371	3,390	3,459	3,476	3,539	3,546	3,574	3,526	3,578	3,636	41.811	191	177	134	111	133	118	94	96	89	83	68	55	1,348
Enrollment: Uninsurable	856	850	851	843	837	826	831	826	806	807	811	842	9,987	55	43	42	44	61	50	47	43	40	37	35	31	527
Enrollment: Blind and Disabled	1,684	1,671	1,670	1,663	1,648	1,639	1,639	1,626	1,629	1,626	1,620	1,622	19,737	44	37	31	33	36	35	34	34	22	19	16	14	354
Enrollment: Dual Eligible	1,676	1,683	1,677	1,682	1,676	1,658	1,659	1,655	1,648	1,630	1,637	1,649	19,930	50	46	26	20	31	30	26	28	23	21	10	21	340
Enrollment (including retroactivity)	13,004	12,929	12,893	12,798	12,746	12.641	12,646	12.509	12,515	12.420	12.503	12,634	152,239	539	519	392	348	392	353	313	307	268	227	203	182	4.044
	,773,259	1,763,036	1,758,676	1,748,302	1,735,925	1,727,021	1,717,343	1,704,639	1,696,580	1,693,966	1,693,264	1,705,972	20,717,983	73.100	58,175	51,009	44,036	57.390	56,381	52,386	49.096	41,151	34,892	30,621	28,237	576,475
Payments for Medical Services	,773,237	1,703,030	1,730,070	1,740,302	1,735,725	1,727,021	1,717,545	1,704,037	1,070,000	1,073,700	1,073,204	1,700,772	20,717,703	73,100	30,173	31,007	44,030	31,370	30,301	32,300	47,070	41,101	34,072	30,021	20,231	370,473
,	455,670	436,491	503,970	562,773	405,784	446,657	453,134	386,948	439,757	334,674	400,574	348,303	5,174,733	31,871	5,814	21,703	11,572	4.018	5,112	6,344	58,576	9,352	26,449	9,710	4,111	194,632
	284,501	338,110	291,875	325,276	301,459	293,110	340,099	281,845	304,136	293,234	292,875	255,865	3,602,384	10,581	2,789	3,614	5,138	2,476	3,180	7,032	7,341	2,338	3,174	4,460	1,643	53,764
Dental	26,300	32,262	23,152	28,659	30,567	293,110	27,254	21,858	26,204	24,558	21,594	14,987	299,409	10,501	2,109 n	59	964	331	105	7,032 n	244	2,330	3,174	130	289	2,122
Capitation	20,300 n	J2,202	23,132 N	20,00 9	JU,30/	22,014	21,204 n	∠1,000 ∩	∠0,∠04	24,000 n	21,074 n	14,70/	277,4U9 0	0	0	09 n	704 A	აა I ი	103	0	Z44 0	0	0	130	707	2,122
	216,255	197,424	189,961	185,096	159,637	194,454	179,586	171,879	220,148	216,233	211,662	298,199	2,440,534	34,071	34,083	28,074	23,993	36,307	36,086	35,227	32,833	33,118	28,888	24,746	23,459	370,884
Subcontractor	54,870	53,734	51,445	51,916	50,433	50,060	51,025	47,822	47,051	46,835	45,909	45,425	596,525	J4,U/ I	34,U63	20,014	25,733 0	JU,JU/	20,000	33,22 <i>1</i>	JZ,033	JJ,110	2U,000	24,740	Z3,437	370,004
Reinsurance	2,177	2,161	2,171	2,164	2,149	2,141	2,125	2,089	2,033	2,090	2,120	2,130	25,550	269	239	192	144	226	209	181	180	170	150	137	124	2,221
Other Payments	۷,۱//	2,101	2,1/1	2,104	2,149	2,141	Z,1Z0	Z,U09	Z,U33	2,090	2,120	Z,13U	20,000 n	209 n	239	192	144	220 n	209	101	100	1/0	100	13/	124	2,221
Less:	U	U	U	U	U	U	U	U	U	U	U	U	0	U	U	U	U	U	U	U	U	U	U	U	U	0
BHO Capitation Revenue	7,255	7,205	7,238	7,211	7,162	7.136	7,084	6.963	6,778	6,966	7.067	7,100	85,166	679	615	489	382	610	576	508	413	381	423	400	366	5,842
	14,025	13,986	14,050	14,016	14,023	14,014	13,098	12,994	12,676	12,334	11,944	11,685	158.845	993	907	721	548	836	793	733	728	672	5,888	1,018	938	14,775
Pharmacy Rebates	14,025	13,980	14,050	14,010	14,023	14,014	13,098	12,994	12,070	12,334	11,944	11,080	138,843	993	907	721	048	830	193	/33	128	0/2	0,888,0	1,018	938	14,775
Other Recoveries	010.400	1 020 000	1.041.207	1 124 / 57	020.042	007.205	1 022 041	002.404	1.010.07/	000 222	055.722	04/ 124	11.005.104	75 120	41.402	FD 422	40.000	41.010	42.225	47.540	00.022	42.025	F2 240	27.7/5	20.222	603,007
,	,018,492	1,038,990	1,041,286	1,134,657	928,843	987,285 85	1,033,041	892,484	1,019,876	898,323	955,722	946,124	11,895,124	75,120	41,403 47	52,432 113	40,880 79	41,912 37	43,325	47,543	98,033 488	43,925 117	52,349	37,765	28,322	
Remaining IBNR (includes 10% margin) Payments and Remaining IBNR 1,	010 500	1 020 020	1,041,351	1 124 727	928,917	987.370	813	852 893,336	1,129 1,021,005	(291) 898,032	1,430 957,152	1,633 947,757	5,927 11,901,051	75,248	41,450	52,545	40,959	41.949	43,372	47,629	98,521	44,042	372 52,721	229 37,994	28,471	1,892 604,899
Payments and Remaining IBNR	,018,502	1,039,038		1,134,736		57.2%	1,033,855	52.4%	60.2%		56.5%	55.6%		102.9%				,			200.7%				100.8%	104.899
	57.4%	58.9%	59.2%	64.9% 58.0	53.5%	37.2%	60.2%	32.470	00.2%	53.0%	30.3%	33.0%	57.4%	102.9%	71.3%	103.0%	93.0% 60.1%	73.1%	76.9%	90.9%	200.7%	107.0%	151.1%	124.1%	100.6%	104.9%
		_		36.0	J /0					56.3	20/		-				00.176		104.	0%						
									56.		3 /0								104.	7 /0						
Medicaid	108.64				100 / 5																					
Uninsured	100.04	100 00	100.70			100 00	107.70	107.00			100.04	107.70	102.41	102.41	77.42	01 E1	02.50	00 11	105.01	102.47	07.90	04.20	07.74	104.44	100 52	07.20
Uninsurable		108.99	108.70	109.30	108.65	108.90	107.79	107.99	107.61	108.47	108.06	107.70	103.41	103.41	77.43	91.51	82.50	98.11	105.01	103.47	97.89	96.29	97.74	104.46	109.52	97.28
	103.97	103.90	104.59	104.60	104.55	105.06	104.65	105.21	107.61 104.48	108.47 105.08	103.70	103.95	104.78	104.78	90.29	99.35	99.23	103.80	111.78	125.41	122.51	120.79	115.98	107.28	119.65	110.07
	103.97 288.99	103.90 289.25	104.59 288.37	104.60 290.21	104.55 288.84	105.06 290.11	104.65 288.98	105.21 290.11	107.61 104.48 289.29	108.47 105.08 288.20	103.70 287.26	103.95 279.42	104.78 264.77	104.78 264.77	90.29 264.23	99.35 264.09	99.23 232.22				122.51 299.27		115.98 293.78		119.65 297.69	110.07 277.80
Blind and Disabled	103.97 288.99 334.86	103.90 289.25 335.40	104.59 288.37 334.72	104.60 290.21 334.16	104.55 288.84 335.36	105.06 290.11 335.84	104.65 288.98 334.11	105.21 290.11 335.14	107.61 104.48 289.29 334.42	108.47 105.08 288.20 334.90	103.70 287.26 334.65	103.95 279.42 335.41	104.78 264.77 392.60	104.78 264.77 392.60	90.29 264.23 367.17	99.35 264.09 375.71	99.23 232.22 330.93	103.80	111.78	125.41	122.51	120.79	115.98	107.28	119.65	110.07 277.80 122.20
Blind and Disabled Dual Eligible	103.97 288.99 334.86 13.65	103.90 289.25 335.40 13.60	104.59 288.37 334.72 13.68	104.60 290.21 334.16 13.60	104.55 288.84 335.36 13.64	105.06 290.11 335.84 13.66	104.65 288.98 334.11 13.61	105.21 290.11 335.14 13.63	107.61 104.48 289.29 334.42 13.61	108.47 105.08 288.20 334.90 13.67	103.70 287.26 334.65 13.64	103.95 279.42 335.41 13.67	104.78 264.77 392.60 15.21	104.78 264.77 392.60 15.21	90.29 264.23 367.17 11.12	99.35 264.09 375.71 15.49	99.23 232.22 330.93 15.72	103.80 248.07 -	111.78 296.77 -	125.41 288.50	122.51 299.27 -	120.79 298.76 -	115.98 293.78	107.28 285.44 -	119.65 297.69 -	110.07 277.80 122.20 4.80
Blind and Disabled Dual Eligible TennCare Capitation Payment	103.97 288.99 334.86 13.65 136.36	103.90 289.25 335.40 13.60 136.36	104.59 288.37 334.72 13.68 136.40	104.60 290.21 334.16 13.60 136.61	104.55 288.84 335.36 13.64 136.19	105.06 290.11 335.84 13.66 136.62	104.65 288.98 334.11 13.61 135.80	105.21 290.11 335.14 13.63 136.27	107.61 104.48 289.29 334.42 13.61 135.57	108.47 105.08 288.20 334.90 13.67 136.39	103.70 287.26 334.65 13.64 135.42	103.95 279.42 335.41 13.67 135.03	104.78 264.77 392.60 15.21 136.09	104.78 264.77 392.60 15.21 135.73	90.29 264.23 367.17 11.12 112.00	99.35 264.09 375.71 15.49 130.02	99.23 232.22 330.93 15.72 126.36	103.80 248.07 - - 146.49	111.78 296.77 - - 159.50	125.41 288.50 - - 167.30	122.51 299.27 - - 160.06	120.79 298.76 - - 153.65	115.98 293.78 - - 153.81	107.28 285.44 - - 150.94	119.65 297.69 - - 154.86	110.07 277.80 122.20 4.80 145.89
Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92	103.97 288.99 334.86 13.65 136.36 35.04	103.90 289.25 335.40 13.60 136.36 33.76	104.59 288.37 334.72 13.68 136.40 39.09	104.60 290.21 334.16 13.60 136.61 43.97	104.55 288.84 335.36 13.64 136.19 31.84	105.06 290.11 335.84 13.66 136.62 35.33	104.65 288.98 334.11 13.61 135.80 35.83	105.21 290.11 335.14 13.63 136.27 30.93	107.61 104.48 289.29 334.42 13.61 135.57 35.14	108.47 105.08 288.20 334.90 13.67 136.39 26.95	103.70 287.26 334.65 13.64 135.42 32.04	103.95 279.42 335.41 13.67 135.03 27.57	104.78 264.77 392.60 15.21 136.09 33.99	104.78 264.77 392.60 15.21 135.73 59.17	90.29 264.23 367.17 11.12 112.00 11.19	99.35 264.09 375.71 15.49 130.02 55.32	99.23 232.22 330.93 15.72 126.36 33.20	103.80 248.07 - - 146.49 10.26	111.78 296.77 - - 159.50 14.46	125.41 288.50 - - 167.30 20.26	122.51 299.27 - - 160.06 190.97	120.79 298.76 - - 153.65 34.92	115.98 293.78 - - 153.81 116.59	107.28 285.44 - - 150.94 47.87	119.65 297.69 - - 154.86 22.55	110.07 277.80 122.20 4.80 145.89 51.40
Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500	103.97 288.99 334.86 13.65 136.36 35.04 21.88	103.90 289.25 335.40 13.60 136.36 33.76 26.15	104.59 288.37 334.72 13.68 136.40 39.09 22.64	104.60 290.21 334.16 13.60 136.61 43.97 25.42	104.55 288.84 335.36 13.64 136.19 31.84 23.65	105.06 290.11 335.84 13.66 136.62 35.33 23.19	104.65 288.98 334.11 13.61 135.80 35.83 26.89	105.21 290.11 335.14 13.63 136.27 30.93 22.53	107.61 104.48 289.29 334.42 13.61 135.57 35.14 24.30	108.47 105.08 288.20 334.90 13.67 136.39 26.95 23.61	103.70 287.26 334.65 13.64 135.42 32.04 23.42	103.95 279.42 335.41 13.67 135.03 27.57 20.25	104.78 264.77 392.60 15.21 136.09 33.99 23.66	104.78 264.77 392.60 15.21 135.73	90.29 264.23 367.17 11.12 112.00	99.35 264.09 375.71 15.49 130.02 55.32 9.21	99.23 232.22 330.93 15.72 126.36 33.20 14.74	103.80 248.07 - - 146.49 10.26 6.32	111.78 296.77 - - 159.50 14.46 9.00	125.41 288.50 - - 167.30	122.51 299.27 - - 160.06 190.97 23.93	120.79 298.76 - - 153.65	115.98 293.78 - - 153.81	107.28 285.44 - - 150.94 47.87 21.98	119.65 297.69 - - 154.86 22.55 9.01	110.07 277.80 122.20 4.80 145.89 51.40 13.70
Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental	103.97 288.99 334.86 13.65 136.36 35.04	103.90 289.25 335.40 13.60 136.36 33.76	104.59 288.37 334.72 13.68 136.40 39.09	104.60 290.21 334.16 13.60 136.61 43.97	104.55 288.84 335.36 13.64 136.19 31.84	105.06 290.11 335.84 13.66 136.62 35.33	104.65 288.98 334.11 13.61 135.80 35.83	105.21 290.11 335.14 13.63 136.27 30.93	107.61 104.48 289.29 334.42 13.61 135.57 35.14	108.47 105.08 288.20 334.90 13.67 136.39 26.95	103.70 287.26 334.65 13.64 135.42 32.04	103.95 279.42 335.41 13.67 135.03 27.57	104.78 264.77 392.60 15.21 136.09 33.99	104.78 264.77 392.60 15.21 135.73 59.17	90.29 264.23 367.17 11.12 112.00 11.19	99.35 264.09 375.71 15.49 130.02 55.32	99.23 232.22 330.93 15.72 126.36 33.20	103.80 248.07 - - 146.49 10.26	111.78 296.77 - - 159.50 14.46	125.41 288.50 - - 167.30 20.26	122.51 299.27 - - 160.06 190.97	120.79 298.76 - - 153.65 34.92	115.98 293.78 - - 153.81 116.59	107.28 285.44 - - 150.94 47.87	119.65 297.69 - - 154.86 22.55	110.07 277.80 122.20 4.80 145.89 51.40
Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation	103.97 288.99 334.86 13.65 136.36 35.04 21.88 2.02	103.90 289.25 335.40 13.60 136.36 33.76 26.15 2.50	104.59 288.37 334.72 13.68 136.40 39.09 22.64 1.80	104.60 290.21 334.16 13.60 136.61 43.97 25.42 2.24	104.55 288.84 335.36 13.64 136.19 31.84 23.65 2.40	105.06 290.11 335.84 13.66 136.62 35.33 23.19 1.74	104.65 288.98 334.11 13.61 135.80 35.83 26.89 2.16	105.21 290.11 335.14 13.63 136.27 30.93 22.53 1.75	107.61 104.48 289.29 334.42 13.61 135.57 35.14 24.30 2.09	108.47 105.08 288.20 334.90 13.67 136.39 26.95 23.61 1.98	103.70 287.26 334.65 13.64 135.42 32.04 23.42 1.73	103.95 279.42 335.41 13.67 135.03 27.57 20.25 1.19	104.78 264.77 392.60 15.21 136.09 33.99 23.66 1.97	104.78 264.77 392.60 15.21 135.73 59.17 19.65	90.29 264.23 367.17 11.12 112.00 11.19 5.37	99.35 264.09 375.71 15.49 130.02 55.32 9.21 0.15	99.23 232.22 330.93 15.72 126.36 33.20 14.74 2.77	103.80 248.07 - 146.49 10.26 6.32 0.84	111.78 296.77 - 159.50 14.46 9.00 0.30	125.41 288.50 - 167.30 20.26 22.46	122.51 299.27 - - 160.06 190.97 23.93 0.80	120.79 298.76 - - 153.65 34.92 8.73	115.98 293.78 - - 153.81 116.59 13.99 -	107.28 285.44 - 150.94 47.87 21.98 0.64	119.65 297.69 - 154.86 22.55 9.01 1.58	110.07 277.80 122.20 4.80 145.89 51.40 13.70 0.59
Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy	103.97 288.99 334.86 13.65 136.36 35.04 21.88 2.02 - 16.63	103.90 289.25 335.40 13.60 136.36 33.76 26.15 2.50 -	104.59 288.37 334.72 13.68 136.40 39.09 22.64 1.80	104.60 290.21 334.16 13.60 136.61 43.97 25.42 2.24 -	104.55 288.84 335.36 13.64 136.19 31.84 23.65 2.40 -	105.06 290.11 335.84 13.66 136.62 35.33 23.19 1.74	104.65 288.98 334.11 13.61 135.80 35.83 26.89 2.16	105.21 290.11 335.14 13.63 136.27 30.93 22.53 1.75	107.61 104.48 289.29 334.42 13.61 135.57 35.14 24.30 2.09	108.47 105.08 288.20 334.90 13.67 136.39 26.95 23.61 1.98	103.70 287.26 334.65 13.64 135.42 32.04 23.42 1.73 -	103.95 279.42 335.41 13.67 135.03 27.57 20.25 1.19	104.78 264.77 392.60 15.21 136.09 33.99 23.66 1.97	104.78 264.77 392.60 15.21 135.73 59.17	90.29 264.23 367.17 11.12 112.00 11.19	99.35 264.09 375.71 15.49 130.02 55.32 9.21	99.23 232.22 330.93 15.72 126.36 33.20 14.74	103.80 248.07 - - 146.49 10.26 6.32	111.78 296.77 - - 159.50 14.46 9.00	125.41 288.50 - - 167.30 20.26	122.51 299.27 - - 160.06 190.97 23.93	120.79 298.76 - - 153.65 34.92	115.98 293.78 - - 153.81 116.59	107.28 285.44 - - 150.94 47.87 21.98	119.65 297.69 - - 154.86 22.55 9.01	110.07 277.80 122.20 4.80 145.89 51.40 13.70
Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor	103.97 288.99 334.86 13.65 136.36 35.04 21.88 2.02 - 16.63 4.22	103.90 289.25 335.40 13.60 136.36 33.76 26.15 2.50 - 15.27 4.16	104.59 288.37 334.72 13.68 136.40 39.09 22.64 1.80 - 14.73 3.99	104.60 290.21 334.16 13.60 136.61 43.97 25.42 2.24 	104.55 288.84 335.36 13.64 136.19 31.84 23.65 2.40 	105.06 290.11 335.84 13.66 136.62 35.33 23.19 1.74 - 15.38 3.96	104.65 288.98 334.11 13.61 135.80 35.83 26.89 2.16 - 14.20 4.03	105.21 290.11 335.14 13.63 136.27 30.93 22.53 1.75 - 13.74 3.82	107.61 104.48 289.29 334.42 13.61 135.57 35.14 24.30 2.09 - 17.59 3.76	108.47 105.08 288.20 334.90 13.67 136.39 26.95 23.61 1.98	103.70 287.26 334.65 13.64 135.42 32.04 23.42 1.73 - 16.93 3.67	103.95 279.42 335.41 13.67 135.03 27.57 20.25 1.19 - 23.60 3.60	104.78 264.77 392.60 15.21 136.09 33.99 23.66 1.97 - 16.03 3.92	104.78 264.77 392.60 15.21 135.73 59.17 19.65	90.29 264.23 367.17 11.12 112.00 11.19 5.37	99.35 264.09 375.71 15.49 130.02 55.32 9.21 0.15	99.23 232.22 330.93 15.72 126.36 33.20 14.74 2.77	103.80 248.07 - - 146.49 10.26 6.32 0.84 - 92.68	111.78 296.77 - - 159.50 14.46 9.00 0.30 - 102.09	125.41 288.50 - - 167.30 20.26 22.46 - - 112.50	122.51 299.27 - 160.06 190.97 23.93 0.80 - 107.04	120.79 298.76 - - 153.65 34.92 8.73 - - 123.66	115.98 293.78 - - 153.81 116.59 13.99 - - 127.34	107.28 285.44 - - 150.94 47.87 21.98 0.64 - 121.98	119.65 297.69 - 154.86 22.55 9.01 1.58 - 128.65	110.07 277.80 122.20 4.80 145.89 51.40 13.70 0.59
Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance	103.97 288.99 334.86 13.65 136.36 35.04 21.88 2.02 - 16.63 4.22 0.17	103.90 289.25 335.40 13.60 136.36 33.76 26.15 2.50 	104.59 288.37 334.72 13.68 136.40 39.09 22.64 1.80 - 14.73 3.99 0.17	104.60 290.21 334.16 13.60 136.61 43.97 25.42 2.24 - 14.46 4.06 0.17	104.55 288.84 335.36 13.64 136.19 31.84 23.65 2.40 - 12.52 3.96 0.17	105.06 290.11 335.84 13.66 136.62 35.33 23.19 1.74 - 15.38 3.96 0.17	104.65 288.98 334.11 13.61 135.80 35.83 26.89 2.16 - 14.20 4.03 0.17	105.21 290.11 335.14 13.63 136.27 30.93 22.53 1.75 - 13.74 3.82 0.17	107.61 104.48 289.29 334.42 13.61 135.57 35.14 24.30 2.09 - 17.59 3.76 0.16	108.47 105.08 288.20 334.90 13.67 136.39 26.95 23.61 1.98 - 17.41 3.77 0.17	103.70 287.26 334.65 13.64 135.42 32.04 23.42 1.73 - 16.93 3.67 0.17	103.95 279.42 335.41 13.67 135.03 27.57 20.25 1.19 - 23.60 3.60 0.17	104.78 264.77 392.60 15.21 136.09 33.99 23.66 1.97 - 16.03 3.92 0.17	104.78 264.77 392.60 15.21 135.73 59.17 19.65 - - 63.26	90.29 264.23 367.17 11.12 112.00 11.19 5.37 - 65.62	99.35 264.09 375.71 15.49 130.02 55.32 9.21 0.15 - 71.56	99.23 232.22 330.93 15.72 126.36 33.20 14.74 2.77 - 68.85	103.80 248.07 - - 146.49 10.26 6.32 0.84 - 92.68	111.78 296.77 - - 159.50 14.46 9.00 0.30 - 102.09 - 0.59	125.41 288.50 - 167.30 20.26 22.46 - 112.50 - 0.58	122.51 299.27 - 160.06 190.97 23.93 0.80 - 107.04 - 0.59	120.79 298.76 - - 153.65 34.92 8.73 - - 123.66 - 0.64	115.98 293.78 - - 153.81 116.59 13.99 - - 127.34 - 0.66	107.28 285.44 - - 150.94 47.87 21.98 0.64 - 121.98 - 0.67	119.65 297.69 - 154.86 22.55 9.01 1.58 - 128.65 - 0.68	110.07 277.80 122.20 4.80 145.89 51.40 13.70 0.59 - 98.77
Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue	103.97 288.99 334.86 13.65 136.36 35.04 21.88 2.02 - 16.63 4.22 0.17 (0.56)	103.90 289.25 335.40 13.60 136.36 33.76 26.15 2.50 - 15.27 4.16 0.17 (0.56)	104.59 288.37 334.72 13.68 136.40 39.09 22.64 1.80 - 14.73 3.99 0.17 (0.56)	104.60 290.21 334.16 13.60 136.61 43.97 25.42 2.24 - 14.46 4.06 0.17 (0.56)	104.55 288.84 335.36 13.64 136.19 31.84 23.65 2.40 	105.06 290.11 335.84 13.66 136.62 35.33 23.19 1.74 - 15.38 3.96 0.17 (0.56)	104.65 288.98 334.11 13.61 135.80 35.83 26.89 2.16 - 14.20 4.03 0.17 (0.56)	105.21 290.11 335.14 13.63 136.27 30.93 22.53 1.75 - 13.74 3.82 0.17 (0.56)	107.61 104.48 289.29 334.42 13.61 135.57 35.14 24.30 2.09 17.59 3.76 0.16 (0.54)	108.47 105.08 288.20 334.90 13.67 13.639 26.95 23.61 1.98 - 17.41 3.77 (0.56)	103.70 287.26 334.65 13.64 135.42 32.04 23.42 1.73 - 16.93 3.67 0.17 (0.57)	103.95 279.42 335.41 13.67 135.03 27.57 20.25 1.19 - 23.60 3.60 0.17 (0.56)	104.78 264.77 392.60 15.21 136.09 33.99 23.66 1.97 - 16.03 3.92 0.17 (0.56)	104.78 264.77 392.60 15.21 135.73 59.17 19.65	90.29 264.23 367.17 11.12 112.00 11.19 5.37 - - 65.62 - 0.46 (1.18)	99.35 264.09 375.71 15.49 130.02 55.32 9.21 0.15 - 71.56 - 0.49 (1.25)	99.23 232.22 330.93 15.72 126.36 33.20 14.74 2.77 - 68.85 - 0.41 (1.10)	103.80 248.07 - - 146.49 10.26 6.32 0.84 - 92.68 - 0.58 (1.56)	111.78 296.77 - 159.50 14.46 9.00 0.30 - 102.09 - 0.59 (1.63)	125.41 288.50 - 167.30 20.26 22.46 - 112.50 - 0.58 (1.62)	122.51 299.27 - 160.06 190.97 23.93 0.80 - 107.04 - 0.59 (1.35)	120.79 298.76 - 153.65 34.92 8.73 - 123.66 - 0.64 (1.42)	115.98 293.78 - - 153.81 116.59 13.99 - - 127.34 - 0.66 (1.86)	107.28 285.44 - - 150.94 47.87 21.98 0.64 - 121.98 - 0.67 (1.97)	119.65 297.69 - 154.86 22.55 9.01 1.58 - 128.65 - 0.68 (2.01)	110.07 277.80 122.20 4.80 145.89 51.40 13.70 0.59
Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates	103.97 288.99 334.86 13.65 136.36 35.04 21.88 2.02 - 16.63 4.22 0.17 (0.56) (1.08)	103.90 289.25 335.40 136.36 33.76 26.15 2.50 	104.59 288.37 334.72 13.68 136.40 39.09 22.64 1.80 - 14.73 3.99 0.17 (0.56) (1.09)	104.60 290.21 334.16 13.60 136.61 43.97 25.42 2.24 - 14.46 4.06 0.17 (0.56) (1.10)	104.55 288.84 335.36 13.64 136.19 31.84 23.65 2.40 12.52 3.96 0.17 (0.56) (1.10)	105.06 290.11 335.84 13.66 136.62 35.33 23.19 1.74	104.65 288.98 334.11 13.61 135.80 35.83 26.89 2.16 - 14.20 4.03 0.17 (0.56) (1.04)	105.21 290.11 335.14 13.63 136.27 30.93 22.53 1.75 - 13.74 3.82 0.17 (0.56) (1.04)	107.61 104.48 289.29 334.42 13.61 135.57 351.14 24.30 2.09 - 17.59 3.76 0.16 (0.54)	108.47 105.08 288.20 334.90 13.67 136.39 26.95 23.61 1.98	103.70 287.26 334.65 13.64 135.42 32.04 23.42 1.73	103.95 279.42 335.41 13.67 135.03 27.57 20.25 1.19 23.60 3.60 0.17 (0.56) (0.92)	104.78 264.77 392.60 15.21 136.09 33.99 23.66 1.97 - 16.03 3.92 0.17 (0.56) (1.04)	104.78 264.77 392.60 15.21 135.73 59.17 19.65 - - - - - - - - - - - - - - - - - - -	90.29 264.23 367.17 11.12 112.00 11.19 5.37 - - - 65.62 - - 0.46 (1.18)	99.35 264.09 375.71 15.49 130.02 55.32 9.21 0.15 - 71.56 - 0.49 (1.25)	99.23 232.22 330.93 15.72 126.36 33.20 14.74 2.77 - 68.85 - 0.41 (1.10)	103.80 248.07 - 146.49 10.26 6.32 0.84 - 92.68 - 0.58 (1.56)	111.78 296.77 - - 159.50 14.46 9.00 0.30 - 102.09 - 0.59 (1.63) (2.24)	125.41 288.50 	122.51 299.27 - - 160.06 190.97 23.93 0.80 - 107.04 - 0.59 (1.35) (2.37)	120.79 298.76 - - 153.65 34.92 8.73 - - 123.66 - 0.64 (1.42) (2.51)	115.98 293.78 - - 153.81 116.59 - - 127.34 - 0.66 (1.86) (25.96)	107.28 285.44 - 150.94 47.87 21.98 0.64 - 121.98 - 0.67 (1.97) (5.02)	119.65 297.69 - 154.86 22.55 9.01 1.58 - 128.65 - 0.68 (2.01) (5.15)	110.07 277.80 122.20 4.80 145.89 51.40 13.70 0.59
Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments	103.97 288.99 334.86 13.65 136.36 35.04 21.88 2.02 - 16.63 4.22 0.17 (0.56) (1.08) 78.32	103.90 289.25 335.40 13.60 136.36 26.15 2.50 - 15.27 4.16 0.17 (0.56) (1.08)	104.59 288.37 334.72 13.68 136.40 39.09 22.64 1.80 - 14.73 3.99 0.17 (0.56) (1.09) 80.76	104.60 290.21 334.16 13.60 136.61 43.97 25.42 2.24 14.46 4.06 0.17 (0.56) (1.10)	104.55 288.84 335.36 13.64 136.19 31.84 23.65 2.40	105.06 290.11 335.84 13.66 136.62 35.33 23.19 1.74	104.65 288.98 334.11 13.61 135.83 35.83 26.89 2.16 - 14.20 4.03 0.17 (0.56) (1.04)	105.21 290.11 335.14 13.63 136.27 30.93 22.53 1.75 - 13.74 3.82 0.17 (0.56) (1.04)	107.61 104.48 289.29 334.42 13.61 135.57 35.14 24.30 2.09 - 17.59 3.76 0.16 (0.54) (1.01)	108.47 105.08 288.20 334.90 13.67 136.39 26.95 23.61 1.98	103.70 287.26 334.65 13.64 135.42 32.04 23.42 1.73	103.95 279.42 335.41 13.67 135.03 27.57 20.25 1.19 23.60 3.60 0.17 (0.56) (0.92) 74.89	104.78 264.77 392.60 15.21 136.09 33.99 23.66 1.97 - 16.03 3.92 0.17 (0.56) (1.04) 78.13	104.78 264.77 392.60 15.21 135.73 59.17 19.65 - - - 0.50 (1.26) (1.84)	90.29 264.23 367.17 11.12 112.00 11.19 5.37 - - 65.62 - 0.46 (1.18) (1.75)	99.35 264.09 375.71 15.49 130.02 55.32 9.21 0.15 - 71.56 - 0.49 (1.25) (1.84)	99,23 232,22 330,93 15.72 126.36 33.20 14.74 2.77 - 68.85 - 0.41 (1.10) (1.57)	103.80 248.07 - 146.49 10.26 6.32 0.84 - 92.68 - 0.58 (1.56) (2.13)	111.78 296.77 	125.41 288.50 	122.51 299.27 - - 160.06 190.97 23.93 0.80 - 107.04 - 0.59 (1.35) (2.37) 319.60	120.79 298.76 - - 153.65 34.92 8.73 - - 123.66 - 0.64 (1.42) (2.51)	115.98 293.78 - - 153.81 116.59 - - 127.34 - - 0.66 (1.86) (25.96) 230.77	107.28 285.44 - - 150.94 47.87 21.98 0.64 - 121.98 - 0.67 (1.97) (5.02)	119.65 297.69 - - 154.86 22.55 9.01 1.58 - 128.65 - 0.68 (2.01) (5.15)	110.07 277.80 122.20 4.80 145.89 51.40 13.70 0.59 - 98.77 - 0.57 (1.52) (4.56)
Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments Remaining IBNR	103.97 288.99 334.86 13.65 136.36 35.04 2.02 - 16.63 4.22 0.17 (0.56) (1.08) 78.32	103.90 289.25 335.40 13.60 136.36 33.76 26.15 2.50 	104.59 288.37 334.72 13.68 136.40 39.09 22.64 1.80 - 14.73 3.99 0.17 (0.56) (1.09) 80.76	104.60 290.21 334.16 13.60 136.61 43.97 25.42 2.24 14.46 4.06 0.17 (0.56) (1.10) 88.66	104.55 288.84 335.36 13.64 136.19 31.84 23.65 2.40 12.52 3.96 0.17 (0.56) (1.10) 72.87	105.06 290.11 335.84 13.66 136.62 35.33 23.19 1.74 15.38 3.96 0.17 (0.56) (1.11) 78.10	104.65 288.98 334.11 13.61 135.80 35.83 26.89 2.16 14.20 4.03 0.17 (0.56) (1.04) 81.69	105.21 290.11 335.14 13.63 136.27 30.93 22.53 1.75 - 13.74 3.82 0.17 (0.56) (1.04) 71.35	107.61 104.48 289.29 334.42 13.61 135.57 35.14 24.30 2.09 - 17.59 3.76 0.16 (0.54) (1.01) 81.49	108.47 105.08 288.20 334.90 13.67 136.39 26.95 23.61 1.98 	103.70 287.26 334.65 13.64 135.42 32.04 23.42 1.73 16.93 3.67 0.17 (0.57) (0.96) 76.44	103.95 279.42 335.41 13.67 135.03 27.57 20.25 1.19	104.78 264.77 392.60 15.21 136.09 23.66 1.97 - 16.03 3.92 0.17 (0.56) (1.04) 78.13	104.78 264.77 392.60 15.21 135.73 59.17 19.65	90.29 264.23 367.17 11.12 112.00 5.37 - - 65.62 - 0.48 (1.18) (1.75) 79.71	99.35 264.09 375.71 15.49 130.02 55.32 9.21 0.15 - 71.56 - 0.49 (1.25) (1.84)	99.23 232.22 330.93 15.72 126.36 33.20 14.74 2.77 - 68.85 - 0.41 (1.10) (1.57) 117.31	103.80 248.07 - - 146.49 10.26 6.32 0.84 - 92.68 - 0.55 (1.56) (2.13) 106.98	111.78 296.77 	125.41 288.50 	122.51 299.27 	120.79 298.76 - - 153.65 34.92 8.73 - - 123.66 - 0.64 (1.42) (2.51) 164.01	115.98 293.78 - - 153.81 116.59 - - 127.34 - 0.66 (1.86) (25.96) 230.77	107.28 285.44 	119.65 297.69 - - 154.86 22.55 9.01 1.58 - 128.65 - 0.68 (2.01) (5.15) 155.32	110.07 277.80 122.20 4.80 145.89 51.40 13.70 0.59 . 98.77 . (1.52) (4.56) 158.95 0.58
Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments	103.97 288.99 334.86 13.65 13.65 136.36 35.04 21.88 2.02 - 16.63 4.22 0.17 (0.56) (1.08) 78.32	103.90 289.25 335.40 13.60 136.36 26.15 2.50 - 15.27 4.16 0.17 (0.56) (1.08)	104.59 288.37 334.72 13.68 136.40 39.09 22.64 1.80 - 14.73 3.99 0.17 (0.56) (1.09) 80.76	104.60 290.21 334.16 13.60 136.61 43.97 25.42 2.24 14.46 4.06 0.17 (0.56) (1.10)	104.55 288.84 335.36 13.64 136.19 31.84 23.65 2.40	105.06 290.11 335.84 13.66 136.62 35.33 23.19 1.74	104.65 288.98 334.11 13.61 135.83 35.83 26.89 2.16 - 14.20 4.03 0.17 (0.56) (1.04)	105.21 290.11 335.14 13.63 136.27 30.93 22.53 1.75 - 13.74 3.82 0.17 (0.56) (1.04)	107.61 104.48 289.29 334.42 13.61 135.57 35.14 24.30 2.09 - 17.59 3.76 0.16 (0.54) (1.01)	108.47 105.08 288.20 334.90 13.67 136.39 26.95 23.61 1.98	103.70 287.26 334.65 13.64 135.42 32.04 23.42 1.73	103.95 279.42 335.41 13.67 135.03 27.57 20.25 1.19 23.60 3.60 0.17 (0.56) (0.92) 74.89	104.78 264.77 392.60 15.21 136.09 33.99 23.66 1.97 - 16.03 3.92 0.17 (0.56) (1.04) 78.13	104.78 264.77 392.60 15.21 135.73 59.17 19.65 - - - 0.50 (1.26) (1.84)	90.29 264.23 367.17 11.12 112.00 11.19 5.37 - - 65.62 - 0.46 (1.18) (1.75)	99.35 264.09 375.71 15.49 130.02 55.32 9.21 0.15 - 71.56 - 0.49 (1.25) (1.84)	99,23 232,22 330,93 15.72 126.36 33.20 14.74 2.77 - 68.85 - 0.41 (1.10) (1.57)	103.80 248.07 - 146.49 10.26 6.32 0.84 - 92.68 - 0.58 (1.56) (2.13)	111.78 296.77 	125.41 288.50 	122.51 299.27 - - 160.06 190.97 23.93 0.80 - 107.04 - 0.59 (1.35) (2.37) 319.60	120.79 298.76 - - 153.65 34.92 8.73 - - 123.66 - 0.64 (1.42) (2.51)	115.98 293.78 - - 153.81 116.59 - - 127.34 - - 0.66 (1.86) (25.96) 230.77	107.28 285.44 - - 150.94 47.87 21.98 0.64 - 121.98 - 0.67 (1.97) (5.02)	119.65 297.69 - - 154.86 22.55 9.01 1.58 - 128.65 - 0.68 (2.01) (5.15)	110.07 277.80 122.20 4.80 145.89 51.40 13.70 0.59 - 98.77 - 0.57 (1.52) (4.56)
Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments Remaining IBNR Payments and Remaining IBNR	103.97 288.99 334.86 13.65 136.36 35.04 21.88 2.02 - 16.63 4.22 0.17 (0.56) (1.08) 78.32	103.90 289.25 335.40 13.60 136.36 33.76 26.15 2.50 - 15.27 4.16 0.17 (0.56) (1.08) 80.36	104.59 288.37 334.72 13.68 136.40 39.09 22.64 1.80 - 14.73 3.99 0.17 (0.56) (1.09) 80.76 0.01	104.60 290.21 334.16 13.60 136.61 43.97 25.42 2.24	104.55 288.84 335.36 13.64 136.19 31.84 23.65 2.40	105.06 290.11 335.84 13.66 136.62 35.33 23.19 1.74	104.65 288.98 334.11 13.61 135.80 35.83 26.89 2.16 - 14.20 4.03 0.17 (0.56) (1.04) 81.69 0.06	105.21 290.11 335.14 13.63 136.27 30.93 22.53 1.75 - 13.74 3.82 0.17 (0.56) (1.04) 71.35 0.07 71.42	107.61 104.48 289.29 334.42 13.61 135.57 35.14 24.30 2.09 - 17.59 3.76 0.16 (0.54) (1.01) 181.49 0.09 81.58	108.47 105.08 288.20 334.90 13.67 136.39 26.95 23.61 1.98 17.41 3.77 0.17 (0.56) (0.99) 72.33 (0.02)	103.70 287.26 334.65 13.64 135.42 32.04 23.42 1.73 3.67 0.17 (0.57) (0.96) 76.44 0.11	103.95 279.42 335.41 13.67 135.03 27.57 20.25 1.19 - - 23.60 3.60 0.17 (0.56) (0.92) 74.89 0.13	104.78 264.77 392.60 15.21 136.09 33.99 23.66 1.97 - 16.03 3.92 0.17 (0.56) (1.04) 78.13 0.04 78.17	104.78 264.77 392.60 15.21 135.73 59.17 19.65 63.26 - 0.50 (1.26) (1.84) 139.47 0.24 139.71	90.29 264.23 367.17 11.12 112.00 11.19 5.37 - 65.62 - 0.46 (1.18) (1.75) 79.71	99.35 264.09 375.71 15.49 130.02 55.32 9.21 0.15 - 71.56 - 0.49 (1.25) (1.84) 133.64 0.29 133.93	99.23 232.22 330.93 15.72 126.36 33.20 14.74 2.77 - 68.85 - 0.41 (1.10) (1.57) (1.57)	103.80 248.07 - - 146.49 10.26 6.32 0.84 - 92.68 - 0.58 (1.56) (2.13) 106.98 0.09	111.78 296.77 	125.41 288.50 	122.51 299.27 - - 160.06 190.97 23.93 0.80 - 107.04 - 0.59 (1.35) (2.37) 319.60 1.59 321.19	120.79 298.76 	115.98 293.78 	107.28 285.44 	119.65 297.69 - - 154.86 22.55 9.01 1.58 - 128.65 - 0.68 (2.01) (5.15) 155.32 0.82	110.07 277.80 122.20 4.80 145.89 51.40 13.70 0.59 - 98.77 (1.52) (4.56) 158.95 0.58
Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments Remaining IBNR Payments and Remaining IBNR Capitation 1,	103.97 288.99 334.86 13.65 136.36 35.04 21.88 2.02 - 16.63 4.22 0.17 (0.56) (1.08) 78.32 773.259	103.90 289.25 335.40 13.60 136.36 33.76 26.15 2.50 - 15.27 4.16 0.17 (0.56) (1.08) 80.36 0.00 80.36	104.59 288.37 334.72 13.68 136.40 39.09 22.64 1.80 - 14.73 3.99 0.17 (0.56) (1.09) 80.76 0.01 80.77	104.60 290.21 334.16 13.60 136.61 43.97 25.42 2.24 14.46 4.06 0.17 (0.56) (1.10) 88.66 0.01	104.55 288.84 335.36 13.64 136.19 31.84 23.65 2.40	105.06 290.11 335.84 13.66 136.62 35.33 23.19 1.74	104.65 288.98 334.11 13.61 135.80 35.83 26.89 2.16	105.21 290.11 335.14 13.63 136.27 30.93 22.53 1.75 - 13.74 3.82 0.17 (0.56) (1.04) 71.35 0.07 71.42	107.61 104.48 289.29 334.42 13.61 135.57 35.14 24.30 2.09 - 17.59 3.76 0.16 (0.54) (1.01) 81.49 0.09 81.58	108.47 105.08 288.20 334.90 13.67 13.63 26.95 23.61 1.98 - - 17.41 3.77 0.17 (0.56) (0.99) 72.33 (0.02) 72.30	103.70 287.26 334.65 13.64 135.42 32.04 23.42 1.73	103.95 279.42 335.41 13.67 135.03 27.57 20.25 1.19	104.78 264.77 392.60 15.21 136.09 33.99 23.66 1.97 - 16.03 3.92 0.17 (0.56) (1.04) 78.13 0.04 78.17	104.78 264.77 392.60 15.21 135.73 59.17 19.65	90.29 264.23 367.17 11.12 112.00 11.19 5.37 65.62 - 0.46 (1.18) (1.75) 79.71 0.09 79.80	99.35 264.09 375.71 15.49 130.02 55.32 9.21 0.15 - 71.56 - 0.49 (1.25) (1.84) 133.64 0.29 133.93	99.23 232.22 330.93 15.72 126.36 33.20 14.74 2.77 - 68.85 - 0.41 (1.10) (1.57) 117.31 0.23 117.53	103.80 248.07 - - 146.49 10.26 6.32 0.84 - 92.68 (1.56) (2.13) 106.98 0.09 107.08	111.78 296.77 159.50 14.46 9.00 0.30 102.09 (2.24) 122.56 0.13 122.70	125.41 288.50 	122.51 299.27 - - - 160.06 190.97 23.93 0.80 - - 107.04 - 0.59 (1.35) (2.37) 319.60 1.59 321.19	120.79 298.76 - - 153.65 34.92 8.73 - - 123.66 - 0.64 (1.42) (2.51) 164.01 0.44 164.44	115.98 293.78 153.81 116.59 13.99 127.34 0.66 (1.86) (25.96) 230.77 1.64 232.40	107.28 285.44 	119.65 297.69 	110.07 277.80 122.20 4.80 145.89 51.40 13.70 0.59 . 98.77 . 0.57 (1.52) (4.56) 158.95 0.58 159.53
Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Remaining IBNR Payments and Remaining IBNR Capitation Capitation 1, MMLR per TennCare CRA %	103.97 288.99 334.86 13.65 136.36 21.88 2.02 - 16.63 4.22 0.17 (0.56) (1.08) 78.32 0.00 78.32 ,773.259 85%	103.90 289.25 335.40 13.636 136.36 26.15 2.50 - 15.27 4.16 0.17 (0.56) (1.08) 80.36 0.00 80.36	104.59 288.37 334.72 13.68 136.40 39.09 22.64 1.80 - 14.73 39.09 0.17 (0.56) (1.09) 80.76 0.01 80.77	104.60 290.21 334.16 13.60 136.61 136.61 43.97 25.42 2.24 14.46 4.06 0.17 (0.56) (1.10) 88.66 0.01 88.67	104.55 288.84 335.36 13.64 136.19 31.84 23.65 2.40 12.52 3.96 0.17 (0.56) (1.10) 72.87 0.01 72.88	105.06 290.11 335.84 13.66 136.62 35.33 23.19 1.74	104.65 288.98 334.11 13.61 135.83 26.89 2.16 14.20 4.03 0.17 (0.56) (1.04) 81.69 0.06 81.75	105.21 290.11 335.14 13.63 136.27 30.93 22.53 1.75	107.61 104.48 289.29 334.42 13.61 135.57 35.14 24.30 2.09 - 17.59 3.76 (0.54) (1.01) 81.49 0.09 81.58	108.47 105.08 288.20 334.90 13.67 136.39 26.95 23.61 1.98 - 17.41 3.77 0.17 (0.56) (0.99) 72.33 (0.02) 72.30	103.70 287.26 334.65 13.64 135.42 32.04 23.42 1.73 16.93 3.67 (0.57) (0.96) 76.44 0.11 76.55	103.95 279.42 335.41 13.67 135.03 27.57 20.25 1.19	104.78 264.77 392.60 15.21 136.09 33.99 23.66 1.97 - 16.03 3.92 0.17 (0.56) (1.04) 78.13 0.04 78.17	104.78 264.77 392.60 15.21 135.73 59.17 19.65	90.29 264.23 367.17 11.12 112.00 11.19 5.37 65.62 - 0.46 (1.18) (1.75) 79.71 0.09 79.80	99.35 264.09 375.71 15.49 130.02 55.32 9.21 0.15 - 71.56 - 0.49 (1.25) (1.84) 133.64 0.29 133.93	99,23 232,22 330,93 15.72 126,36 33,20 14.74 2.77 68.85 - 0.41 (1.10) (1.57) 117,31 0.23 117,53	103.80 248.07 	111.78 296.77	125.41 288.50 - 167.30 20.26 22.46 - 112.50 - 0.58 (1.62) (2.34) 151.83 0.27 152.10	122.51 299.27 - - 160.06 190.97 23.93 0.80 - 107.04 - 0.59 (1.35) (2.37) 319.60 1.59 321.19	120.79 298.76 - - 153.65 153.65 34.92 8.73 - - 123.66 - 0.64 (1.42) (2.51) 164.01 0.44 164.44	115.98 293.78 - 153.81 116.59 - 13.99 - 127.34 - 0.66 (1.86) (25.96) 230.77 1.64 232.40	107.28 285.44 - - 150.94 47.87 21.98 0.64 - 121.98 0.67 (1.97) (5.02) 186.16 1.13 187.29	119.65 297.69 - - 154.86 22.55 9.01 1.58 - 128.65 - 0.68 (2.01) (5.15) 155.32 0.82 156.14	110.07 277.80 122.20 4.80 145.89 51.40 13.70 0.59 0.57 (1.52) (4.56) 158.95 0.58 159.53
Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments Remaining IBNR Payments and Remaining IBNR Capitation Capitation 1, MMLR per TennCare CRA % MMLR per TennCare CRA \$ 1,	103.97 288.99 334.86 13.65 136.36 21.88 2.02 - 16.63 4.22 0.17 (0.56) (1.08) 78.32 0.00 78.32 .773.259 85% ,507,270	103.90 289.25 335.40 13.636 136.36 26.15 2.50 - 15.27 4.16 0.17 (0.56) (1.08) 80.36 0.00 80.36 1,763,036 85% 1,498,580	104.59 288.37 334.72 13.68 136.40 39.09 22.64 1.80 - 14.73 3.99 0.17 (0.56) (1.09) 80.76 0.01 80.77	104.60 290.21 334.16 13.60 136.61 136.61 136.61 43.97 25.42 2.24 14.46 4.06 0.17 (0.56) (1.10) 88.66 0.01 88.67	104.55 288.84 335.36 13.64 136.19 31.84 23.65 2.40 12.52 3.96 (0.17) (0.56) (1.10) 72.87 0.01 72.88 1,735,925 85%	105.06 290.11 335.84 13.66 136.62 35.33 23.19 1.74 15.38 3.96 0.17 (0.56) (1.11) 78.10 0.01 78.11 1,727,021 85%	104.65 288.98 334.11 13.61 135.80 26.89 2.16 - - 14.20 4.03 0.17 (0.56) (1.04) 81.69 0.06 81.75	105.21 290.11 335.14 13.63 136.27 30.973 22.53 1.75 - 13.74 3.82 0.17 (0.56) (1.04) 71.35 0.07 71.42	107.61 104.48 289.29 334.42 13.61 135.57 351.14 24.30 2.09 - 17.59 3.76 (0.54) (1.01) 81.49 0.09 81.58	108.47 105.08 288.20 334.90 13.67 136.39 26.95 23.61 1.98	103.70 287.26 334.65 13.64 135.42 32.04 23.42 1.73 16.93 3.67 (0.57) (0.96) 76.44 0.11 76.55	103.95 279.42 335.41 13.67 135.03 27.57 20.25 1.19	104.78 264.77 392.60 15.21 136.09 33.99 23.66 1.97 - 16.03 3.92 0.17 (0.56) (1.04) 78.13 0.04 78.17	104.78 264.77 392.60 15.21 135.73 59.17 19.65	90.29 264.23 367.17 11.12 112.00 111.19 5.37	99.35 264.09 375.71 15.49 130.02 55.32 9.21 0.15 - 71.56 - 0.49 (1.25) (1.84) 133.64 0.29 133.93	99,23 232,22 330,93 15.72 126,36 33,20 14.74 2.77 - 68.85 - 0.41 (1.10) (1.57) 117,31 0.23 117,53 44,036 85% 37,430	103.80 248.07 	111.78 296.77 	125.41 288.50 - 167.30 20.26 22.46 - 112.50 - 0.58 (1.62) (2.34) 151.83 0.27 152.10 - 52,386 85% 44,528	122.51 299.27 - - 160.06 190.97 23.93 0.80 - 107.04 - 0.59 (1.35) (2.37) 319.60 1.59 321.19	120.79 298.76 - - 153.65 34.92 8.73 - - 123.66 - (1.42) (2.51) 164.01 0.44 164.44 41,151 85% 34,978	115.98 293.78 - - 153.81 116.59 - 127.34 - 0.66 (1.86) (25.96) 230.77 1.64 232.40 34.892 85% 29.658	107.28 285.44 - 150.94 47.87 21.98 0.64 - 121.98 - 0.67 (1.97) (5.02) 186.16 1.13 187.29	119.65 297.69 - 154.86 22.55 9.01 1.58 - 128.65 - 0.68 (2.01) (5.15) 155.32 0.82 156.14	110.07 277.80 122.20 4.80 145.89 51.40 13.70 0.59 - 98.77 - 0.57 (1.52) (4.56) 158.95 0.58 159.53
Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments Remaining IBNR Payments and Remaining IBNR Capitation 1, MMLR per TennCare CRA % MMLR per TennCare CRA \$ Payments and Remaining IBNR 1, Payments and Remaining IBNR	103.97 288.99 334.86 13.65 136.36 21.88 2.02 - 16.63 4.22 0.17 (0.56) (1.08) 78.32 0.00 78.32 ,773.259 85%	103.90 289.25 335.40 13.636 136.36 26.15 2.50 - 15.27 4.16 0.17 (0.56) (1.08) 80.36 0.00 80.36	104.59 288.37 334.72 13.68 136.40 39.09 22.64 1.80 - 14.73 39.09 0.17 (0.56) (1.09) 80.76 0.01 80.77	104.60 290.21 334.16 13.60 136.61 136.61 43.97 25.42 2.24 14.46 4.06 0.17 (0.56) (1.10) 88.66 0.01 88.67	104.55 288.84 335.36 13.64 136.19 31.84 23.65 2.40 12.52 3.96 0.17 (0.56) (1.10) 72.87 0.01 72.88	105.06 290.11 335.84 13.66 136.62 35.33 23.19 1.74	104.65 288.98 334.11 13.61 135.83 26.89 2.16 14.20 4.03 0.17 (0.56) (1.04) 81.69 0.06 81.75	105.21 290.11 335.14 13.63 136.27 30.93 22.53 1.75	107.61 104.48 289.29 334.42 13.61 135.57 35.14 24.30 - 17.59 3.76 (0.54) (1.01) 81.49 0.09 81.58	108.47 105.08 288.20 334.90 13.67 136.39 26.95 23.61 1.98 - 17.41 3.77 0.17 (0.56) (0.99) 72.33 (0.02) 72.30	103.70 287.26 334.65 13.64 135.42 32.04 23.42 1.73 16.93 3.67 (0.57) (0.96) 76.44 0.11 76.55	103.95 279.42 335.41 13.67 135.03 27.57 20.25 1.19	104.78 264.77 392.60 15.21 136.09 33.99 23.66 1.97 - 16.03 3.92 0.17 (0.56) (1.04) 78.13 0.04 78.17	104.78 264.77 392.60 15.21 135.73 59.17 19.65	90.29 264.23 367.17 11.12 112.00 11.19 5.37 65.62 - 0.46 (1.18) (1.75) 79.71 0.09 79.80	99.35 264.09 375.71 15.49 130.02 55.32 9.21 0.15 - 71.56 - 0.49 (1.25) (1.84) 133.64 0.29 133.93	99,23 232,22 330,93 15.72 126,36 33,20 14.74 2.77 68.85 - 0.41 (1.10) (1.57) 117,31 0.23 117,53	103.80 248.07 	111.78 296.77	125.41 288.50 - 167.30 20.26 22.46 - 112.50 - 0.58 (1.62) (2.34) 151.83 0.27 152.10	122.51 299.27 - - 160.06 190.97 23.93 0.80 - 107.04 - 0.59 (1.35) (2.37) 319.60 1.59 321.19	120.79 298.76 - - 153.65 153.65 34.92 8.73 - - 123.66 - 0.64 (1.42) (2.51) 164.01 0.44 164.44	115.98 293.78 - 153.81 116.59 - 13.99 - 127.34 - 0.66 (1.86) (25.96) 230.77 1.64 232.40	107.28 285.44 - - 150.94 47.87 21.98 0.64 - 121.98 0.67 (1.97) (5.02) 186.16 1.13 187.29	119.65 297.69 - - 154.86 22.55 9.01 1.58 - 128.65 - 0.68 (2.01) (5.15) 155.32 0.82 156.14	110.07 277.80 122.20 4.80 145.89 51.40 13.70 0.59 0.57 (1.52) (4.56) 158.95 0.58 159.53

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FINAL CERTIFIED	MEDICAL I	LOSS RAT	10 REPOR	RT																			CII	NAL C	EDTIE	IED
FINAL CERTIFIED	OUT OF S	STATE R	EGION																			- 1	ГП	NAL C	LKIII	ILU
XANTUS Healthplan of Tennessee, Inc.																						-				
JUNE 2002 (3rd Amendment)			2000						2001				For the Period			2001						2002				For the Period
3 3 11 2 2 3 2 (8 1 a 7 a 11 3 1 a 1 1)		Ir	ncurred Month	n					Incurred Mont	h			07/01/2000-			Incurred Month	h				In	curred Month	1			07/01/2001-
	July	August	September	October	November	December	January	February	March	April	May	June	06/30/2001	July	August	September	October	November	December	January	February	March	April	May	June	06/30/2002
Enrollment: Medicaid	217	225	251	254	262	262	247	256	303	318	333	318	3,245	288	7 tagast 244	205	154	190	169	141	125	114	89	74	69	1,861
Enrollment: Wedicald Enrollment: Uninsured	500	513	541	539	544	548	542	541	639	670	677	681	6,935	237	210	172	98	273	275	251	266	255	253	242	216	2,747
Enrollment: Uninsurable	93	97	84	81	80	82	82	81	111	118	123	125	1,145	95	87	72	49	121	117	103	100	92	85	81	70	1,072
Enrollment: Blind and Disabled	497	468	461	474	471	479	480	493	514	524	540	532	5,933	189	162	129	93	146	144	121	115	107	101	99	95	1,500
Enrollment: Dual Eligible	231	233	234	233	233	231	227	232	233	229	234	228	2,774	106	102	80	64	98	92	80	80	74	68	60	61	962
Enrollment (including retroactivity)	1.537	1,526	1,571	1.581	1,590	1,601	1,578	1.602	1.799	1.858	1.907	1.884	20,033	915	802	657	457	828	796	697	685	642	596	556	512	8,142
TennCare Capitation Payment	287,137	273,949	281,730	284,539	288,197	290,588	287,002	294,193	323,237	335,091	342,758	333,635	3,622,057	165,884	137,037	110,592	76,118	151,558	146,300	134,173	127,988	116,838	110,862	103,548	93,126	1,474,021
Payments for Medical Services	207,137	213,747	201,730	204,337	200,177	270,300	207,002	274,173	323,237	333,071	342,730	333,033	3,022,037	103,004	137,037	110,372	70,110	131,330	140,300	134,173	127,700	110,030	110,002	103,340	73,120	1,474,021
UB 92	2,631	6,227	4,161	4,521	22,806	6,230	15,228	4,400	24,226	11,222	18,186	17,072	136,911	10,775	38,371	5,431	4,886	3,982	11,131	3,434	11,144	10	1,543	1,493	2,687	94,887
HCFA1500	4,050	1,998	2,463	5,048	4,676	5,303	7,163	6,516	10,210	7,975	7,844	5,998	69,245	10,773	3,687	3,774	4,019	2,451	8,157	1,946	1,219	2,899	2,289	2,740	3,230	46,444
Dental	4,030	1,356	2,4U3 61	314	4,070	3,303	7,103	13	10,210	240	345	187	2,662	10,032	J,007	3,114	4,019	52	0,137	2,800	240	2,079	Z,Z09	2,740	3,230	3,172
Capitation	0	1,330	01	J14 n	n	02	7	13)) n	0	243	0	2,002	0	0	0	0)Z	0	2,000	Δ40	0	0	0	00	3,172
Pharmacy	0	0	U	0	0	0	0	0	0	0	U n	U	0	0	0	0	0	0	U	0	0	0	U	0	U	0
,	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Subcontractor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reinsurance Other Payments	0	U N	0	0	0	U	0	0	0	0	0	U	0	0	0	0	0	0	U	0	0	0	0	U	0	0
Less:	U	U	U	U	U	U	U	U	U	U	U	U	0	U	U	U	U	U	U	U	U	U	U	U	U	0
BHO Capitation Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	٥	0	0	0	0	0	0	0	0
Pharmacy Rebates	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Recoveries	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	6,681	0.502	6,685	9,883	27,484	11,615	22.200	10,929	34,491	19,438	27.275	23,257	208,818	20,807	42,059	9,205	8,905	6,485	10 200	8,180	12,603	2,908	3,833	4 222	5,997	144,503
Total Payments	0,081	9,582	0,080	9,883	27,484	11,013	22,398	10,929	34,491	19,438	26,375	23,257	208,818	20,807	42,059	9,205 41	8,905	0,485	19,289 109	8,180 52	12,003	2,908	3,833	4,233	148	957
Remaining IBNR (includes 10% margin)	U	- 1	- 1		5	- 1	22	13	31	(9)	03	01	198	03	232	41	40	30	109	52	93	29	48	80	148	
		0.000	/ / 00	0.002	27.407	11 / 1/	22.420	10.042	24 5 42	10.420	27, 420	22.210	200.015	20.070		0.247	0.045	/ 520	10 207	0.222	12 /05	2.027	2.001	4 201	/ 145	145 470
Payments and Remaining IBNR	6,681	9,582	6,685	9,883	27,487	11,616	22,420	10,943	34,542	19,429	26,428	23,318	209,015	20,870	42,290	9,246	8,945	6,520	19,397	8,232	12,695	2,937	3,881	4,301	6,145	145,460
rayments and Remaining IBNR	6,681 2.3%	9,582 3.5%	6,685 2.4%	3.5%	9.5%	11,616 4.0%	22,420 7.8%	10,943 3.7 %	34,542 10.7%	19,429 5.8%	26,428 7.7%	23,318 7.0%	209,015 5.8%	20,870 12.6%		9,246 8.4%	11.8%	6,520 4.3%	19,397 13.3%	8,232 6.1%	12,695 9.9%	2,937 2.5%	3,881 3.5%	4,301 4.2%	6,145 6.6%	145,460 9.9%
Payments and Remaining IBNR				3.5%						5.8%	7.7%				42,290				13.3%	6.1%						
Payments and Remaining IBNR				3.5%	9.5%				10.7%	5.8% 7.8	7.7%				42,290		11.8%			6.1%						
	2.3%	3.5%	2.4%	3.5% 4.0	9.5% <mark>6%</mark>	4.0%	7.8%	3.7%	10.7%	5.8% 7.8 2%	7.7%	7.0%	5.8%	12.6%	42,290 30.9%	8.4%	11.8% 8.9%	4.3%	13.3%	6.1%	9.9%	2.5%	3.5%	4.2%	6.6%	9.9%
Medicaid	130.34	130.37	2.4% 122.54	3.5% 4.4	9.5% 6% 127.60	4.0%	7.8% 128.38	3.7% 126.06	7.3 120.66	7.8 2%	7.7% % 122.14	7.0% 121.78	5.8% 118.05	12.6% 118.05	42,290 30.9% 111.83	8.4%	11.8% 8.9%	4.3% 123.72	9.9 121.51	6.1% %	9.9% 131.88	2.5% 123.61	3.5% 118.12	4.2% 129.78	6.6% 120.85	9.9%
Medicald Uninsured	2.3% 130.34 95.98	3.5% 130.37 94.97	2.4% 122.54 95.42	3.5% 4.4 129.89 96.73	9.5% 6% 127.60 95.77	4.0% 124.53 95.13	7.8% 128.38 95.72	126.06 94.73	7.: 120.66 95.52	7.8 2% 122.02 95.29	7.7% % 122.14 94.54	7.0% 121.78 94.19	118.05 103.01	12.6% 118.05 103.01	42,290 30.9% 111.83 86.74	108.83 90.93	11.8% 8.9% 106.93 103.11	123.72 103.76	9.9 121.51 105.27	6.1% 129.20 110.94	9.9% 131.88 106.13	2.5% 123.61 104.32	3.5% 118.12 104.54	129.78 104.29	120.85 108.91	9.9% 120.36 102.66
Medicald Uninsured Uninsurable	2.3% 130.34 95.98 292.02	3.5% 130.37 94.97 291.49	2.4% 122.54 95.42 297.80	3.5% 4.4 129.89 96.73 284.40	9.5% 6% 127.60 95.77 302.39	4.0% 124.53 95.13 304.67	7.8% 128.38 95.72 295.90	126.06 94.73 316.50	7.3 120.66 95.52 297.53	7.8 7.8 2% 122.02 95.29 304.54	7.7% % 122.14 94.54 300.69	7.0% 121.78 94.19 309.08	5.8% 118.05 103.01 295.45	12.6% 118.05 103.01 295.45	42,290 30.9% 111.83 86.74 278.74	108.83 90.93 287.78	11.8% 8.9% 106.93 103.11 299.95	123.72 103.76 307.57	9.9 121.51 105.27 307.52	6.1% 129.20 110.94 315.09	9.9% 131.88 106.13 317.89	2.5% 123.61 104.32 308.04	3.5% 118.12 104.54 320.09	129.78 104.29 297.22	120.85 108.91 301.11	9.9% 120.36 102.66 303.04
Medicald Uninsured Uninsurable Blind and Disabled	130.34 95.98 292.02 363.42	3.5% 130.37 94.97 291.49 357.18	2.4% 122.54 95.42 297.80 370.64	3.5% 4.4 129.89 96.73 284.40 365.02	9.5% 6% 127.60 95.77 302.39 371.49	4.0% 124.53 95.13 304.67 370.77	128.38 95.72 295.90 366.79	126.06 94.73 316.50 369.09	7.3 120.66 95.52 297.53 368.71	7.8 7.8 2% 122.02 95.29 304.54 368.89	7.7% % 122.14 94.54 300.69 366.29	7.0% 121.78 94.19 309.08 355.17	118.05 103.01 295.45 411.88	118.05 103.01 295.45 411.88	42,290 30.9% 111.83 86.74 278.74 406.80	108.83 90.93 287.78 394.18	11.8% 8.9% 106.93 103.11 299.95 365.01	123.72 103.76 307.57 418.04	9.9 121.51 105.27 307.52 414.44	6.1% 129.20 110.94 315.09 446.10	9.9% 131.88 106.13 317.89 436.77	2.5% 123.61 104.32 308.04 435.38	3.5% 118.12 104.54 320.09 451.55	129.78 104.29 297.22 440.99	120.85 108.91 301.11 410.39	120.36 102.66 303.04 419.29
Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible	130.34 95.98 292.02 363.42 14.49	3.5% 130.37 94.97 291.49 357.18 14.09	122.54 95.42 297.80 370.64 14.22	3.5% 4.4 129.89 96.73 284.40 365.02 14.15	9.5% 6% 127.60 95.77 302.39 371.49 14.39	124.53 95.13 304.67 370.77 14.45	7.8% 128.38 95.72 295.90 366.79 14.39	126.06 94.73 316.50 369.09 14.24	7.3 120.66 95.52 297.53 368.71 14.21	7.8 2% 122.02 95.29 304.54 368.89 14.57	7.7% 122.14 94.54 300.69 366.29 14.28	7.0% 121.78 94.19 309.08 355.17 14.11	118.05 103.01 295.45 411.88 16.71	118.05 103.01 295.45 411.88 16.71	42,290 30.9% 111.83 86.74 278.74 406.80 15.42	108.83 90.93 287.78 394.18 15.77	11.8% 8.9% 106.93 103.11 299.95 365.01 15.81	123.72 103.76 307.57 418.04 15.98	9.9 121.51 105.27 307.52 414.44 14.89	6.1% 129.20 110.94 315.09 446.10 17.09	9.9% 131.88 106.13 317.89 436.77 17.07	2.5% 123.61 104.32 308.04 435.38 17.54	118.12 104.54 320.09 451.55 17.07	129.78 104.29 297.22 440.99 17.36	120.85 108.91 301.11 410.39 16.04	120.36 102.66 303.04 419.29 16.39
Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment	2.3% 130.34 95.98 292.02 363.42 14.49 186.87	3.5% 130.37 94.97 291.49 357.18 14.09 179.52	2.4% 122.54 95.42 297.80 370.64 14.22 179.31	3.5% 4.4 129.89 96.73 284.40 365.02 14.15 180.00	9.5% 6% 127.60 95.77 302.39 371.49 14.39 181.23	124.53 95.13 304.67 370.77 14.45 181.51	128.38 95.72 295.90 366.79 14.39 181.93	126.06 94.73 316.50 369.09 14.24 183.59	7.3 120.66 95.52 297.53 368.71 14.21 179.70	7.8 2% 122.02 95.29 304.54 368.89 14.57 180.35	7.7% 122.14 94.54 300.69 366.29 14.28 179.78	7.0% 121.78 94.19 309.08 355.17 14.11 177.13	118.05 103.01 295.45 411.88 16.71 180.81	12.6% 118.05 103.01 295.45 411.88 16.71 181.37	42,290 30.9% 111.83 86.74 278.74 406.80 15.42 170.85	108.83 90.93 287.78 394.18 15.77 168.36	11.8% 8.9% 106.93 103.11 299.95 365.01 15.81 166.44	123.72 103.76 307.57 418.04 15.98 183.15	9.9 121.51 105.27 307.52 414.44 14.89 183.83	6.1% 129.20 110.94 315.09 446.10 17.09 192.55	9.9% 131.88 106.13 317.89 436.77 17.07 186.73	2.5% 123.61 104.32 308.04 435.38 17.54 182.11	118.12 104.54 320.09 451.55 17.07 186.13	129.78 104.29 297.22 440.99 17.36 186.36	120.85 108.91 301.11 410.39 16.04 181.76	120.36 102.66 303.04 419.29 16.39 180.80
Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92	2.3% 130.34 95.98 292.02 363.42 14.49 186.87 1.71	3.5% 130.37 94.97 291.49 357.18 14.09 179.52 4.08	2.4% 122.54 95.42 297.80 370.64 14.22 179.31 2.65	3.5% 4.4 129.89 96.73 284.40 365.02 14.15 180.00 2.86	9.5% 6% 127.60 95.77 302.39 371.49 14.39 181.23	124.53 95.13 304.67 370.77 14.45 181.51 3.89	7.8% 128.38 95.72 295.90 366.79 14.39 181.93 9.65	126.06 94.73 316.50 369.09 14.24 183.59 2.75	7.3 120.66 95.52 297.53 368.71 14.21 179.70	7.8% 7.8 122.02 95.29 304.54 368.89 14.57 180.35 6.04	7.7% % 122.14 94.54 300.69 366.29 14.28 179.78 9.54	7.0% 121.78 94.19 309.08 355.17 14.11 177.13 9.06	118.05 103.01 295.45 411.88 16.71 180.81 6.83	12.6% 118.05 103.01 295.45 411.88 16.71 181.37 11.78	42,290 30.9% 1111.83 86.74 278.74 406.80 15.42 170.85 47.84	108.83 90.93 287.78 394.18 15.77 168.36 8.27	11.8% 8.9% 106.93 103.11 299.95 365.01 15.81 166.44 10.68	123.72 103.76 307.57 418.04 15.98 183.15 4.81	9,9 121.51 105.27 307.52 414.44 14.89 183.83 13.99	6.1% 129.20 110.94 315.09 446.10 17.09 192.55 4.93	9.9% 131.88 106.13 317.89 436.77 17.07 186.73 16.26	2.5% 123.61 104.32 308.04 435.38 17.54 182.11 0.01	3.5% 118.12 104.54 320.09 451.55 17.07 186.13 2.59	129.78 104.29 297.22 440.99 17.36 186.36 2.69	120.85 108.91 301.11 410.39 16.04 181.76 5.25	9.9% 120.36 102.66 303.04 419.29 16.39 180.80
Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500	2.3% 130.34 95.98 292.02 363.42 14.49 186.87 1.71 2.64	3.5% 130.37 94.97 291.49 357.18 14.09 179.52 4.08 1.31	2.4% 122.54 95.42 297.80 370.64 14.22 179.31 2.65 1.57	3.5% 4.4 129.89 96.73 284.40 365.02 14.15 180.00 2.86 3.19	9.5% 6% 127.60 95.77 302.39 371.49 14.39 181.23 14.34 2.94	124.53 95.13 304.67 370.77 14.45 181.51 3.89 3.31	7.8% 128.38 95.72 295.90 366.79 14.39 181.93 9.65 4.54	126.06 94.73 316.50 369.09 14.24 183.59 2.75 4.07	7.3 120.66 95.52 297.53 368.71 14.21 179.70 13.47 5.68	7.8% 7.8 122.02 95.29 304.54 368.89 14.57 180.35 6.04 4.29	7.7% % 122.14 94.54 300.69 366.29 14.28 179.78 9.54 4.11	7.0% 121.78 94.19 309.08 355.17 14.11 177.13 9.06 3.18	5.8% 118.05 103.01 295.45 411.88 16.71 180.81 6.83 3.46	12.6% 118.05 103.01 295.45 411.88 16.71 181.37	42,290 30.9% 111.83 86.74 278.74 406.80 15.42 170.85	108.83 90.93 287.78 394.18 15.77 168.36	11.8% 8.9% 106.93 103.11 299.95 365.01 15.81 166.44	123.72 103.76 307.57 418.04 15.98 183.15 4.81 2.96	9.9 121.51 105.27 307.52 414.44 14.89 183.83	6.1% 129.20 110.94 315.09 446.10 17.09 192.55 4.93 2.79	9.9% 131.88 106.13 317.89 436.77 17.07 186.73 16.26 1.78	2.5% 123.61 104.32 308.04 435.38 17.54 182.11	118.12 104.54 320.09 451.55 17.07 186.13	129.78 104.29 297.22 440.99 17.36 186.36	120.85 108.91 301.11 410.39 16.04 181.76 5.25 6.30	9.9% 120.36 102.66 303.04 419.29 16.39 180.80 10.76 5.62
Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental	2.3% 130.34 95.98 292.02 363.42 14.49 186.87 1.71 2.64 0.00	3.5% 130.37 94.97 291.49 357.18 14.09 179.52 4.08 1.31 0.89	2.4% 122.54 95.42 297.80 370.64 14.22 179.31 2.65	3.5% 4.4 129.89 96.73 284.40 365.02 14.15 180.00 2.86 3.19 0.20	9.5% 6% 127.60 95.77 302.39 371.49 14.39 181.23 14.34 2.94	124.53 95.13 304.67 370.77 14.45 181.51 3.89 3.31 0.05	7.8% 128.38 95.72 295.90 366.79 14.39 181.93 9.65	126.06 94.73 316.50 369.09 14.24 183.59 2.75 4.07 0.01	7.3 120.66 95.52 297.53 368.71 14.21 179.70	7.8% 7.8 122.02 95.29 304.54 368.89 14.57 180.35 6.04 4.29 0.13	7.7% % 122.14 94.54 300.69 366.29 14.28 179.78 9.54	7.0% 121.78 94.19 309.08 355.17 14.11 177.13 9.06 3.18 0.10	118.05 103.01 295.45 411.88 16.71 180.81 6.83	118.05 103.01 295.45 411.88 16.71 181.37 11.78	42,290 30.9% 1111.83 86.74 278.74 406.80 15.42 170.85 47.84	108.83 90.93 287.78 394.18 15.77 168.36 8.27 5.75	11.8% 8.9% 106.93 103.11 299.95 365.01 15.81 166.44 10.68	123.72 103.76 307.57 418.04 15.98 183.15 4.81 2.96 0.06	13.3% 9.9 121.51 105.27 307.52 414.44 14.89 183.83 13.99 10.25	6.1% 129.20 110.94 3115.99 446.10 17.09 192.55 4.93 2.79 4.02	9.9% 131.88 106.13 317.89 436.77 17.07 186.73 16.26 1.78 0.35	2.5% 123.61 104.32 308.04 435.38 17.54 182.11 0.01 4.52	3.5% 118.12 104.54 320.09 451.55 17.07 186.13 2.59 3.84	129.78 104.29 297.22 440.99 17.36 186.36 2.69	120.85 108.91 301.11 410.39 16.04 181.76 5.25 6.30 0.16	9.9% 120.36 102.66 303.04 419.29 16.39 180.80 10.76 5.62 0.38
Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation	2.3% 130.34 95.98 292.02 363.42 14.49 186.87 1.71 2.64 0.00	3.5% 130.37 94.97 291.49 357.18 14.09 179.52 4.08 1.31	2.4% 122.54 95.42 297.80 370.64 14.22 179.31 2.65 1.57	3.5% 4.1 129.89 96.73 284.40 365.02 14.15 180.00 2.86 3.19 0.20	9.5% 6% 127.60 95.77 302.39 371.49 14.39 181.23 14.34 2.94	4.0% 124.53 95.13 304.67 370.77 14.45 181.51 3.89 3.31 0.05	7.8% 128.38 95.72 295.90 366.79 14.39 181.93 9.65 4.54	126.06 94.73 316.50 369.09 14.24 183.59 2.75 4.07	7.3 120.66 95.52 297.53 368.71 14.21 179.70 13.47 5.68	7.8% 7.8 122.02 95.29 304.54 368.89 14.57 180.35 6.04 4.29	7.7% % 122.14 94.54 300.69 366.29 14.28 179.78 9.54 4.11	7.0% 121.78 94.19 309.08 355.17 14.11 1777.13 9.06 3.18 0.10	5.8% 118.05 103.01 295.45 411.88 16.71 180.81 6.83 3.46	118.05 103.01 295.45 411.88 16.71 181.37 11.78	42,290 30.9% 1111.83 86.74 278.74 406.80 15.42 170.85 47.84	8.4% 108.83 90.93 287.78 394.18 15.77 168.36 8.27 5.75	11.8% 8.9% 106.93 103.11 299.95 365.01 15.81 166.44 10.68	123.72 103.76 307.57 418.04 15.98 183.15 4.81 2.96	9,9 121.51 105.27 307.52 414.44 14.89 183.83 13.99	6.1% 129.20 110.94 315.09 446.10 17.09 192.55 4.93 2.79	9.9% 131.88 106.13 317.89 436.77 17.07 186.73 16.26 1.78 0.35	2.5% 123.61 104.32 308.04 435.38 17.54 182.11 0.01	3.5% 118.12 104.54 320.09 451.55 17.07 186.13 2.59 3.84	129.78 104.29 297.22 440.99 17.36 186.36 2.69	120.85 108.91 301.11 410.39 16.04 181.76 5.25 6.30 0.16	9.9% 120.36 102.66 303.04 419.29 16.39 180.80 10.76 5.62
Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy	2.3% 130.34 95.98 292.02 363.42 14.49 186.87 1.71 2.64 0.00	3.5% 130.37 94.97 291.49 357.18 14.09 179.52 4.08 1.31 0.89 -	2.4% 122.54 95.42 297.80 370.64 14.22 179.31 2.65 1.57 0.04	3.5% 4.4 129.89 96.73 284.40 365.02 14.15 180.00 2.86 3.19 0.20	9.5% 6% 127.60 95.77 302.39 371.49 14.39 181.23 14.34 2.94 0.00	124.53 95.13 304.67 370.77 14.45 181.51 3.89 3.31 0.05	7.8% 128.38 95.72 295.90 366.79 14.39 181.93 9.65 4.54	3.7% 126.06 94.73 316.50 369.09 14.24 183.59 2.75 4.07 0.01	7.3 120.66 95.52 297.53 368.71 14.21 179.70 13.47 5.68	7.8 7.8 122.02 95.29 304.54 368.89 14.57 180.35 6.04 4.29 0.13	7.7% 122.14 94.54 300.69 366.29 14.28 179.78 9.54 4.11 0.18	7.0% 121.78 94.19 309.08 355.17 14.11 177.13 9.06 3.18 0.10	5.8% 118.05 103.01 295.45 411.88 16.71 180.81 6.83 3.46	118.05 103.01 295.45 411.88 16.71 181.37 11.78	42,290 30.9% 1111.83 86.74 278.74 406.80 15.42 170.85 47.84	8.4% 108.83 90.93 287.78 394.18 15.77 168.36 8.27 5.75	11.8% 8.9% 106.93 103.11 299.95 365.01 15.81 166.44 10.68	123.72 103.76 307.57 418.04 15.98 183.15 4.81 2.96 	9,9 121.51 105.27 307.52 414.44 14.89 183.83 13.99 10.25	6.1% 129.20 110.94 315.09 446.10 17.09 192.55 4.93 2.79 4.02	9.9% 131.88 106.13 317.89 436.77 17.07 186.73 16.26 1.78 0.35	2.5% 123.61 104.32 308.04 435.38 17.54 182.11 0.01 4.52	3.5% 118.12 104.54 320.09 451.55 17.07 186.13 2.59 3.84	129.78 104.29 297.22 440.99 17.36 186.36 2.69	120.85 108.91 301.11 410.39 16.04 181.76 5.25 6.30 0.16	9.9% 120.36 102.66 303.04 419.29 16.39 180.80 10.76 5.62 0.38
Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor	2.3% 130.34 95.98 292.02 363.42 14.49 186.87 1.71 2.64 0.00 -	3.5% 130.37 94.97 291.49 357.18 14.09 179.52 4.08 1.31 0.89	2.4% 122.54 95.42 297.80 370.64 14.22 179.31 2.65 1.57	3.5% 4.4 129.89 96.73 284.40 365.02 14.15 180.00 2.86 3.19 0.20	9.5% 6% 127.60 95.77 302.39 371.49 14.39 181.23 14.34 2.94 0.00	4.0% 124.53 95.13 304.67 370.77 14.45 181.51 3.89 3.31 0.05	7.8% 128.38 95.72 295.90 366.79 14.39 181.93 9.65 4.54	3.7% 126.06 94.73 316.50 369.09 14.24 183.59 2.75 4.07 0.01	7.3 120.66 95.52 297.53 368.71 14.21 179.70 13.47 5.68	7.8% 7.8 122.02 95.29 304.54 368.89 14.57 180.35 6.04 4.29 0.13 -	7.7% % 122.14 94.54 300.69 366.29 14.28 179.78 9.54 4.11	7.0% 121.78 94.19 309.08 355.17 14.11 177.13 9.06 3.18 0.10	5.8% 118.05 103.01 295.45 411.88 16.71 180.81 6.83 3.46	118.05 103.01 295.45 411.88 16.71 181.37 11.78 10.97	42,290 30.9% 1111.83 86.74 278.74 406.80 15.42 170.85 47.84	8.4% 108.83 90.93 287.78 394.18 15.77 168.36 8.27 5.75	11.8% 8.9% 106.93 103.11 299.95 365.01 15.81 166.44 10.68	123.72 103.76 307.57 418.04 15.98 183.15 4.81 2.96 0.06	13.3% 9.9 121.51 105.27 307.52 414.44 14.89 183.83 13.99 10.25	6.1% 129.20 110.94 315.09 446.10 17.09 192.55 4.93 2.79 4.02	9.9% 131.88 106.13 317.89 436.77 17.07 186.73 16.26 1.78 0.35	2.5% 123.61 104.32 308.04 435.38 17.54 182.11 0.01 4.52	3.5% 118.12 104.54 320.09 451.55 17.07 186.13 2.59 3.84	129.78 104.29 297.22 440.99 17.36 186.36 2.69	120.85 108.91 301.11 410.39 16.04 181.76 5.25 6.30 0.16	9.9% 120.36 102.66 303.04 419.29 16.39 180.80 10.76 5.62 0.38
Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance	2.3% 130.34 95.98 292.02 363.42 14.49 186.87 1.71 2.64 0.00	3.5% 130.37 94.97 291.49 357.18 14.09 179.52 4.08 1.31 0.89 -	2.4% 122.54 95.42 297.80 370.64 14.22 179.31 2.65 1.57 0.04	3.5% 4.4 129.89 96.73 284.40 365.02 14.15 180.00 2.86 3.19 0.20	9.5% 6% 127.60 95.77 302.39 371.49 14.39 181.23 14.34 2.94 0.00	4.0% 124.53 95.13 304.67 370.77 14.45 181.51 3.89 3.31 0.05	7.8% 128.38 95.72 295.90 366.79 14.39 181.93 9.65 4.54	3.7% 126.06 94.73 316.50 369.09 14.24 183.59 2.75 4.07 0.01	7.3 120.66 95.52 297.53 368.71 14.21 179.70 13.47 5.68	7.8% 7.8 122.02 95.29 304.54 368.89 14.57 180.35 6.04 4.29 0.13	7.7% 122.14 94.54 300.69 366.29 14.28 179.78 9.54 4.11 0.18	7.0% 121.78 94.19 309.08 355.17 14.11 177.13 9.06 3.18 0.10	5.8% 118.05 103.01 295.45 411.88 16.71 180.81 6.83 3.46	118.05 103.01 295.45 411.88 16.71 181.37 11.78 10.97	42,290 30.9% 1111.83 86.74 278.74 406.80 15.42 170.85 47.84	108.83 90.93 287.78 394.18 15.77 168.36 8.27 5.75	11.8% 8.9% 106.93 103.11 299.95 365.01 15.81 166.44 10.68	123.72 103.76 307.57 418.04 15.98 183.15 4.81 2.96 0.06	9.9 9.9 121.51 105.27 307.52 414.44 14.89 183.83 13.99 10.25	6.1% 129.20 110.94 315.09 446.10 17.09 192.55 4.93 2.79 4.02	9.9% 131.88 106.13 317.89 436.77 17.07 186.73 16.26 1.78 0.35	2.5% 123.61 104.32 308.04 435.38 17.54 182.11 0.01 4.52	3.5% 118.12 104.54 320.09 451.55 17.07 186.13 2.59 3.84	129.78 104.29 297.22 440.99 17.36 186.36 2.69	120.85 108.91 301.11 410.39 16.04 181.76 5.25 6.30 0.16	9.9% 120.36 102.66 303.04 419.29 16.39 180.80 10.76 5.62 0.38
Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue	2.3% 130.34 95.98 292.02 363.42 14.49 186.87 1.71 2.64 0.00 -	3.5% 130.37 94.97 291.49 357.18 14.09 179.52 4.08 1.31 0.89 -	2.4% 122.54 95.42 297.80 370.64 14.22 179.31 2.65 1.57 0.04	3.5% 4.4 129.89 96.73 284.40 365.02 14.15 180.00 2.86 3.19 0.20	9.5% 6% 127.60 95.77 302.39 371.49 14.39 181.23 14.34 2.94 0.00	4.0% 124.53 95.13 304.67 370.77 14.45 181.51 3.89 3.31 0.05	7.8% 128.38 95.72 295.90 366.79 14.39 181.93 9.65 4.54	3.7% 126.06 94.73 316.50 369.09 14.24 183.59 2.75 4.07 0.01	7.3 120.66 95.52 297.53 368.71 14.21 179.70 13.47 5.68	7.8% 7.8 122.02 95.29 304.54 368.89 14.57 180.35 6.04 4.29 0.13 -	7.7% 122.14 94.54 300.69 366.29 14.28 179.78 9.54 4.11 0.18	7.0% 121.78 94.19 309.08 355.17 14.11 177.13 9.06 3.18 0.10	5.8% 118.05 103.01 295.45 411.88 16.71 180.81 6.83 3.46	118.05 103.01 295.45 411.88 16.71 181.37 11.78 10.97	42,290 30.9% 1111.83 86.74 278.74 406.80 15.42 170.85 47.84	8.4% 108.83 90.93 287.78 394.18 15.77 168.36 8.27 5.75	11.8% 8.9% 106.93 103.11 299.95 365.01 15.81 166.44 10.68	123.72 103.76 307.57 418.04 15.98 183.15 4.81 2.96 0.06	9,9 121.51 105.27 307.52 414.44 14.89 183.83 13.99 10.25	6.1% 129.20 110.94 315.09 446.10 17.09 192.55 4.93 2.79 4.02	9.9% 131.88 106.13 317.89 436.77 17.07 186.73 16.26 1.78 0.35	2.5% 123.61 104.32 308.04 435.38 17.54 182.11 0.01 4.52	3.5% 118.12 104.54 320.09 451.55 17.07 186.13 2.59 3.84	129.78 104.29 297.22 440.99 17.36 186.36 2.69	120.85 108.91 301.11 410.39 16.04 181.76 5.25 6.30 0.16	9.9% 120.36 102.66 303.04 419.29 16.39 180.80 10.76 5.62 0.38
Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates	2.3% 130.34 95.98 292.02 363.42 14.49 186.87 1.71 2.64 0.00	3.5% 130.37 94.97 291.49 357.18 14.09 179.52 4.08 1.31 0.89	2.4% 122.54 95.42 297.80 370.64 14.22 179.31 2.65 1.57 0.04	3.5% 4.4 129.89 96.73 284.40 365.02 14.15 180.00 2.86 3.19 0.20	9.5% 6% 127.60 95.77 302.39 371.49 14.39 181.23 14.34 2.94 0.00	124.53 95.13 304.67 370.77 14.45 181.51 3.89 3.31 0.05	7.8% 128.38 95.72 295.90 366.79 14.39 181.93 9.65 4.54 0.00	3.7% 126.06 94.73 316.50 369.09 14.24 183.59 2.75 4.07 0.01	10.7% 7.: 120.66 95.52 297.53 368.71 14.21 179.70 13.47 5.68 0.03	5.8% 7.8 2% 122.02 95.29 304.54 368.89 14.57 180.35 6.04 4.29 0.13	7.7% % 122.14 94.54 300.69 366.29 14.28 179.78 9.54 4.11 0.18	7.0% 121.78 94.19 309.08 355.17 14.11 177.13 9.06 3.18 0.10	5.8% 118.05 103.01 295.45 411.88 16.71 180.81 6.83 3.46 0.13	118.05 103.01 295.45 411.88 16.71 181.37 11.78	111.83 86.74 278.74 406.80 15.42 170.85 47.84 	8.4% 108.83 90.93 287.78 394.18 15.77 168.36 5.75	11.8% 8.9% 106.93 103.11 299.95 365.01 15.81 166.44 10.68 8.79	123.72 103.76 307.57 418.04 15.98 183.15 4.81 2.96 0.06	13.3% 9.9 121.51 105.27 307.52 414.44 14.89 183.83 13.99 10.25 -	6.1% 129.20 110.94 315.09 446.10 17.09 192.55 4.93 2.79 4.02	9.9% 131.88 106.13 317.89 436.77 17.07 186.73 16.26 1.78 0.35	2.5% 123.61 104.32 308.04 435.38 17.54 182.11 0.01 4.52	3.5% 118.12 104.54 320.09 451.55 17.07 186.13 2.59 3.84	129.78 104.29 297.22 440.99 17.36 186.36 2.69 4.93	120.85 108.91 301.11 410.39 16.04 181.76 5.25 6.30 0.16	120.36 102.66 303.04 419.29 16.39 180.80 10.76 5.62 0.38
Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments	2.3% 130.34 95.98 292.02 363.42 14.49 186.87 1.71 2.64 0.00 4.35	3.5% 130.37 94.97 291.49 357.18 14.09 179.52 4.08 1.31 0.89 6.28	2.4% 122.54 95.42 297.80 370.64 14.22 179.31 2.65 1.57 0.04	3.5% 4.4 129.89 96.73 284.40 365.02 14.15 180.00 2.86 3.19 0.20 6.25	9.5% 6% 127.60 95.77 302.39 371.49 14.39 181.23 14.34 0.00	4.0% 124.53 95.13 304.67 370.77 14.45 181.51 3.89 3.31 0.05 7.25	7.8% 128.38 95.72 295.90 366.79 14.39 181.93 9.65 4.54 0.00 14.20	3.7% 126.06 94.73 316.50 369.09 14.24 183.59 2.75 4.07 0.01	7.2 120.66 95.52 297.53 368.71 14.21 179.70 13.47 5.68 0.03	7.8% 7.8 122.02 95.29 304.54 368.89 14.57 180.35 6.04 4.29 0.13 10.46	7.7% % 122.14 94.54 300.69 366.29 14.28 179.78 9.54 4.11 0.18 13.83	7.0% 121.78 94.19 309.08 355.17 14.11 177.13 9.06 3.18 0.10 12.35	5.8% 118.05 103.01 295.45 411.88 16.71 180.81 6.83 3.46 0.13	118.05 103.01 295.45 411.88 16.71 181.37 11.78 10.97	111.83 86.74 278.74 406.80 15.42 170.85 47.84 4.60	8.4% 108.83 90.93 287.78 394.18 15.77 168.36 8.27 5.75 14.01	11.8% 8.9% 106.93 103.11 299.95 365.01 15.81 166.44 10.68 8.79 19.47	123.72 103.76 307.57 418.04 15.98 183.15 4.81 2.96 0.06	9.9 121.51 105.27 307.52 414.44 14.89 183.83 13.99 10.25	6.1% 129.20 110.94 315.09 446.10 17.09 192.55 4.93 2.79 4.02	9.9% 131.88 106.13 317.89 436.77 17.07 186.73 16.26 1.78 0.35 18.39	2.5% 123.61 104.32 308.04 435.38 17.54 182.11 0.01 4.552 4.53	3.5% 118.12 104.54 320.09 451.55 17.07 186.13 2.59 3.84 6.43	129.78 104.29 297.22 440.99 17.36 186.36 2.69 4.93 	120.85 108.91 301.11 410.39 16.04 181.76 5.25 6.30 0.16	9.9% 120.36 102.66 303.04 419.29 16.39 180.80 10.76 5.62 0.38 16.76
Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments Remaining IBNR	2.3% 130.34 95.98 292.02 363.42 14.49 186.87 1.71 2.64 0.00 4.35 0.00	3.5% 130.37 94.97 291.49 357.18 14.09 179.52 4.08 1.31 0.89 6.28 0.00	2.4% 122.54 95.42 297.80 370.64 14.22 179.31 2.65 1.57 0.04 4.25 0.00	3.5% 4.4 129.89 96.73 284.40 365.02 14.15 180.00 2.86 3.19 0.20 6.25 0.00	9.5% 6% 127.60 95.77 302.39 371.49 14.39 181.23 14.34 0.00	4.0% 124.53 95.13 304.67 370.77 14.45 181.51 3.89 3.31 0.05 7.25 0.00	7.8% 128.38 95.72 295.90 366.79 14.39 181.93 9.65 4.54 0.00 14.20 0.01	3.7% 126.06 94.73 316.50 369.09 14.24 183.59 2.75 4.07 0.01	10.7% 120.66 95.52 297.53 368.71 14.21 179.70 13.47 5.68 0.03 19.17 0.03	7.8 7.8 122.02 95.29 304.54 368.89 14.57 180.35 6.04 4.29 0.13 - - - 10.46 (0.00)	7.7% 122.14 94.54 300.69 366.29 14.28 179.78 9.54 4.11 0.18 13.83 0.03	7.0% 121.78 94.19 309.08 355.17 14.11 1777.13 9.06 3.18 0.10	5.8% 118.05 103.01 295.45 411.88 16.71 180.81 6.83 3.46 0.13 10.42 0.01	118.05 103.01 295.45 411.88 16.71 181.37 11.78 10.97 22.75 0.07	111.83 86.74 278.74 406.80 15.42 170.85 47.84 4.60	8.4% 108.83 90.93 287.78 394.18 15.77 168.36 8.27 14.01 0.06	11.8% 8.9% 106.93 103.11 299.95 365.01 15.81 166.44 10.68 8.79 19.47 0.09	123.72 103.76 307.57 418.04 15.98 183.15 4.81 2.96 0.06	13.3% 9.9 121.51 105.27 307.52 414.44 14.89 183.83 13.99 10.25 - - - - - - - - - - - - -	6.1% 129.20 110.94 315.09 446.10 17.09 192.55 4.93 2.79 4.02 11.74 0.08	9.9% 131.88 106.13 317.89 436.77 17.07 186.73 16.26 1.78 0.35 18.39 0.14	2.5% 123.61 104.32 308.04 435.38 17.54 182.11 0.01 4.52 4.53 0.05	3.5% 118.12 104.54 320.09 451.55 17.07 186.13 2.59 3.84	129.78 104.29 297.22 440.99 17.36 186.36 2.69 4.93 	120.85 108.91 301.11 410.39 16.04 181.76 5.25 6.30 0.16	9.9% 120.36 102.66 303.04 419.29 16.39 180.80 10.76 5.62 0.38 -
Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments	2.3% 130.34 95.98 292.02 363.42 14.49 186.87 1.71 2.64 0.00 4.35	3.5% 130.37 94.97 291.49 357.18 14.09 179.52 4.08 1.31 0.89 6.28	2.4% 122.54 95.42 297.80 370.64 14.22 179.31 2.65 1.57 0.04	3.5% 4.4 129.89 96.73 284.40 365.02 14.15 180.00 2.86 3.19 0.20 6.25	9.5% 6% 127.60 95.77 302.39 371.49 14.39 181.23 14.34 0.00	4.0% 124.53 95.13 304.67 370.77 14.45 181.51 3.89 3.31 0.05 7.25	7.8% 128.38 95.72 295.90 366.79 14.39 181.93 9.65 4.54 0.00 14.20	3.7% 126.06 94.73 316.50 369.09 14.24 183.59 2.75 4.07 0.01	7.2 120.66 95.52 297.53 368.71 14.21 179.70 13.47 5.68 0.03	7.8% 7.8 122.02 95.29 304.54 368.89 14.57 180.35 6.04 4.29 0.13 10.46	7.7% % 122.14 94.54 300.69 366.29 14.28 179.78 9.54 4.11 0.18 13.83	7.0% 121.78 94.19 309.08 355.17 14.11 177.13 9.06 3.18 0.10 12.35	5.8% 118.05 103.01 295.45 411.88 16.71 180.81 6.83 3.46 0.13	118.05 103.01 295.45 411.88 16.71 181.37 11.78 10.97	111.83 86.74 278.74 406.80 15.42 170.85 47.84 4.60	8.4% 108.83 90.93 287.78 394.18 15.77 168.36 8.27 5.75 14.01	11.8% 8.9% 106.93 103.11 299.95 365.01 15.81 166.44 10.68 8.79 19.47	123.72 103.76 307.57 418.04 15.98 183.15 4.81 2.96 0.06	9.9 121.51 105.27 307.52 414.44 14.89 183.83 13.99 10.25	6.1% 129.20 110.94 315.09 446.10 17.09 192.55 4.93 2.79 4.02	9.9% 131.88 106.13 317.89 436.77 17.07 186.73 16.26 1.78 0.35 18.39	2.5% 123.61 104.32 308.04 435.38 17.54 182.11 0.01 4.552 4.53	3.5% 118.12 104.54 320.09 451.55 17.07 186.13 2.59 3.84 6.43	129.78 104.29 297.22 440.99 17.36 186.36 2.69 4.93 	120.85 108.91 301.11 410.39 16.04 181.76 5.25 6.30 0.16	9.9% 120.36 102.66 303.04 419.29 16.39 180.80 10.76 5.62 0.38
Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments Remaining IBNR Payments and Remaining IBNR	2.3% 130.34 95.98 292.02 363.42 14.49 186.87 1.71 2.64 0.00 4.35 0.00 4.35	3.5% 130.37 94.97 291.49 357.18 14.09 179.52 4.08 1.31 0.89 6.28 0.00 6.28	2.4% 122.54 95.42 297.80 370.64 14.22 179.31 2.65 1.57 0.04 4.25 0.00 4.25	3.5% 4.4 129.89 96.73 284.40 365.02 14.15 180.00 2.86 3.19 0.20 6.25 0.00 6.25	9.5% 6% 127.60 95.77 302.39 371.49 14.39 181.23 1.4.34 2.94 0.00 	4.0% 124.53 95.13 304.67 370.77 14.45 181.51 3.89 3.31 0.05 7.25 0.000 7.26	7.8% 128.38 95.72 295.90 366.79 14.39 181.93 9.65 4.54 0.00 14.20 0.01 14.21	3.7% 126.06 94.73 316.50 369.09 14.24 183.59 2.75 4.07 0.01	10.7% 120.66 95.52 297.53 368.71 14.21 179.70 13.47 5.68 0.03 19.17 0.03 19.20	7.8% 7.8 122.02 95.29 304.54 368.89 14.57 180.35 6.04 4.29 0.13 10.46 (0.00) 10.46	7.7% 122.14 94.54 300.69 366.29 14.28 179.78 9.54 4.11 0.18 13.83 0.03 13.86	7.0% 121.78 94.19 309.08 355.17 14.11 177.13 9.06 3.18 0.10 12.35 0.03 12.38	5.8% 118.05 103.01 295.45 411.88 16.71 180.81 6.83 3.46 0.13 10.42 0.01 10.43	118.05 103.01 295.45 411.88 16.71 181.37 11.78 10.97 22.75 0.07	111.83 86.74 278.74 406.80 15.42 170.85 47.84 4.60 	8.4% 108.83 90.93 287.78 394.18 15.77 168.36 8.27 5.75 14.01 0.06 14.08	11.8% 8.9% 106.93 103.11 299.95 365.01 15.81 166.44 10.68 8.79 19.47 0.09 19.56	123.72 103.76 307.57 418.04 15.98 183.15 4.81 2.96 0.06 - - - - - - 7.84 0.04 7.88	9.9 121.51 105.27 307.52 414.44 14.89 183.83 13.99 10.25	6.1% 129.20 110.94 315.09 446.10 17.09 192.55 4.93 2.79 4.02 11.74 0.08 11.81	9.9% 131.88 106.13 317.89 436.77 17.07 186.73 16.26 1.78 0.35 18.39 0.14 18.52	2.5% 123.61 104.32 308.04 435.38 17.54 182.11 0.01 4.52 4.53 0.05 4.58	3.5% 118.12 104.54 320.09 451.55 17.07 186.13 2.59 3.84	129.78 104.29 297.22 440.99 17.36 186.36 2.69 4.93 	120.85 108.91 301.11 410.39 16.04 181.76 5.25 6.30 0.16	9.9% 120.36 102.66 303.04 419.29 16.39 180.80 10.76 5.62 0.38 - - - 16.76 0.12 16.88
Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments Remaining IBNR Payments and Remaining IBNR Capitation	2.3% 130.34 95.98 292.02 363.42 14.49 186.87 1.71 2.64 0.00 4.35 0.00 4.35	3.5% 130.37 94.97 291.49 357.18 14.09 179.52 4.08 1.31 0.89 6.28 0.00 6.28	2.4% 122.54 95.42 297.80 370.64 14.22 179.31 2.65 1.57 0.04 4.25 0.00 4.25	3.5% 4.4 129.89 96.73 284.40 365.02 14.15 180.00 2.86 3.19 0.20	9.5% 6% 127.60 95.77 302.39 371.49 14.39 181.23 14.34 2.94 0.00 - - - - 17.28 0.00 17.28	4.0% 124.53 95.13 304.67 370.77 14.45 181.51 3.89 3.31 0.05 7.25 0.00 7.26	7.8% 128.38 95.72 295.90 366.79 14.39 181.93 9.65 4.54 0.00 14.20 0.01 14.21	3.7% 126.06 94.73 316.50 369.09 14.24 183.59 2.75 4.07 0.01	10.7% 120.66 95.52 297.53 368.71 14.21 179.70 13.47 5.68 0.03 19.17 0.03 19.20	7.8% 7.8 122.02 95.29 304.54 368.89 14.57 180.35 6.04 4.29 0.13 10.46 (0.00) 10.46	7.7% 122.14 94.54 300.69 366.29 14.28 179.78 9.54 4.11 0.18 13.83 0.03 13.86	7.0% 121.78 94.19 309.08 355.17 14.11 177.13 9.06 3.18 0.10 12.35 0.03 12.38 333,635	5.8% 118.05 103.01 295.45 411.88 16.71 180.81 6.83 3.46 0.13 10.42 0.01 10.43	118.05 103.01 295.45 411.88 16.71 181.37 11.78 10.97 22.75 0.07 22.82	111.83 86.74 278.74 406.80 15.42 170.85 47.84 4.60 	8.4% 108.83 90.93 287.78 394.18 15.77 168.36 8.27 5.75 14.01 0.06 14.08	11.8% 8.9% 106.93 103.11 299.95 365.01 15.81 166.44 10.68 8.79 19.47 0.09 19.56	123.72 103.76 307.57 418.04 15.98 183.15 4.81 2.96 0.06 - - - - - - - - - - - - - - - - - - -	9.9 121.51 105.27 307.52 414.44 14.89 183.83 13.99 10.25 24.24 0.14 24.37	6.1% 129.20 110.94 315.09 446.10 17.09 192.55 4.93 2.79 4.02 11.74 0.08 11.81	9.9% 131.88 106.13 317.89 436.77 17.07 186.73 16.26 1.78 0.35 18.39 0.14 18.52	2.5% 123.61 104.32 308.04 435.38 17.54 182.11 0.01 4.52 4.53 0.05 4.58	3.5% 118.12 104.54 320.09 451.55 17.07 186.13 2.59 3.84 6.43 0.08 6.52	129.78 104.29 297.22 440.99 17.36 186.36 2.69 4.93 7.62 0.12 7.74	120.85 108.91 301.11 410.39 16.04 181.76 5.25 6.30 0.16 11.70 0.29 11.99	9.9% 120.36 102.66 303.04 419.29 16.39 180.80 10.76 5.62 0.38 - - - - 16.76 0.12 16.88
Medicaid Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments Remaining IBNR Payments and Remaining IBNR Capitation MMLR per TennCare CRA %	2.3% 130.34 95.98 292.02 363.42 14.49 186.87 1.71 2.64 0.00 4.35 0.00 4.35 287,137 85%	3.5% 130.37 94.97 291.49 357.18 14.09 179.52 4.08 1.31 0.89 6.28 0.00 6.28 273,949 85%	2.4% 122.54 95.42 297.80 370.64 14.22 179.31 2.65 1.57 0.04 4.25 0.00 4.25 281,730 85%	3.5% 4.4 129.89 96.73 284.40 365.02 14.15 180.00 2.86 3.19 0.20 6.25 0.00 6.25	9.5% 6% 127.60 95.77 302.39 371.49 14.39 181.23 14.34 2.94 0.00 	124.53 95.13 304.67 370.77 14.45 181.51 3.89 3.31 0.05 - - - - - - - - - - - - - - - - - - -	7.8% 128.38 95.72 295.90 366.79 14.39 181.93 9.65 4.54 0.00 14.20 0.01 14.21 287,002 85%	3.7% 126.06 94.73 316.50 369.09 14.24 183.59 2.75 2.75 2.75 2.75 2.75 2.75 2.75 2.75	10.7% 7.: 120.66 95.52 297.53 368.71 14.21 179.70 13.47 5.68 0.03 19.17 0.03 19.20	5.8% 7.8 2% 122.02 95.29 304.54 368.89 14.57 180.35 6.04 4.29 0.13 10.46 (0.00) 10.46 335,091 85%	7.7% % 122.14 94.54 300.69 366.29 14.28 179.78 9.54 4.11 0.18 13.83 0.03 13.86	7.0% 121.78 94.19 309.08 355.17 14.11 177.13 9.06 3.18 0.10 12.35 0.03 12.38 333,635 85%	5.8% 118.05 103.01 295.45 411.88 16.71 180.81	118.05 103.01 295.45 411.88 16.71 181.37 11.78 22.75 0.07 22.82	111.83 86.74 278.74 406.80 15.42 170.85 47.84 4.60 	8.4% 108.83 90.93 287.78 394.18 15.77 168.36 14.01 0.06 14.08 110,592 85%	11.8% 8.9% 106.93 103.11 299.95 365.01 15.81 166.44 10.68 8.79 19.47 0.09 19.56 76,118 855%	123.72 103.76 307.57 418.04 15.98 183.15 4.81 2.96 0.06 - - - - - - - - - - - - - - - - - - -	13.3% 9.9 121.51 105.27 307.52 414.44 14.89 183.83 13.99 10.25	6.1% 129.20 110.94 315.09 446.10 17.09 192.55 4.93 2.79 4.02	9.9% 131.88 106.13 317.89 436.77 17.07 186.73 16.26 1.78 0.35 18.39 0.14 18.52	2.5% 123.61 104.32 308.04 435.38 17.54 182.11 0.01 4.52 4.53 0.05 4.58 116.838 85%	3.5% 118.12 104.54 320.09 451.55 17.07 186.13 2.59 3.84 6.43 0.08 6.52 110,862 85%	129.78 104.29 297.22 440.99 17.36 186.36 2.69 4.93 	120.85 108.91 301.11 410.39 16.04 181.76 5.25 6.30 0.16 11.70 0.29 11.99	9.9% 120.36 102.66 303.04 419.29 16.39 180.80 10.76 5.62 0.38 16.76 0.12 16.88
Medicaid Uninsured Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments Remaining IBNR Payments and Remaining IBNR Capitation MMLR per TennCare CRA % MMLR per TennCare CRA \$	2.3% 130.34 95.98 292.02 363.42 14.49 186.87 1.71 2.64 0.00 4.35 0.00 4.35 287,137 85% 244,066	3.5% 130.37 94.97 291.49 357.18 14.09 179.52 4.08 1.31 0.89 6.28 0.00 6.28 273,949 85% 232,857	2.4% 122.54 95.42 297.80 370.64 14.22 179.31 2.65 1.57 0.04 4.25 0.00 4.25 281,730 85% 239,470	3.5% 4.4 129.89 96.73 284.40 365.02 14.15 180.00 2.86 3.19 0.20 6.25 0.00 6.25 284,539 85%	9.5% 6% 127.60 95.77 302.39 371.49 14.39 181.23 14.34 2.94 0.00 	4.0% 124.53 95.13 304.67 370.77 14.45 181.51 3.89 3.31 0.05	7.8% 128.38 95.72 295.90 366.79 14.39 181.93 9.65 4.54 0.00 14.20 0.01 14.21 287,002 85%	3.7% 126.06 94.73 316.50 369.09 14.24 183.59 2.75 4.07 0.01 6.82 0.01 6.83 294,193 85%	10.7% 7.1 120.66 95.52 297.53 368.71 14.21 179.70 13.47 5.68 0.03 19.17 0.03 19.20 323,237 85% 274,752	7.8% 7.8 2% 122.02 95.29 304.54 368.89 14.57 180.35 6.04 4.29 0.13 10.46 (0.00) 10.46 335,091 85% 284,828	7.7% % 122.14 94.54 300.69 366.29 14.28 179.78 9.54 4.11 0.18 13.83 0.03 13.86 342,758 85% 291,344	7.0% 121.78 94.19 309.08 355.17 14.11 177.13 9.06 3.18 0.10	5.8% 118.05 103.01 295.45 411.88 16.71 180.81 6.83 3.46 0.13 10.42 0.01 10.43 3.622,057 85% 3,078,749	118.05 103.01 295.45 411.88 16.71 181.37 11.78 10.97 22.75 0.07 22.82	111.83 86.74 278.74 406.80 15.42 170.85 47.84 	8.4% 108.83 90.93 287.78 394.18 15.77 168.36 8.27 5.75 14.01 0.06 14.08 110,592 85% 94,003	11.8% 8.9% 106.93 103.11 299.95 365.01 15.81 166.44 10.68 8.79 19.47 0.09 19.56 76.118 855%	123.72 103.76 307.57 418.04 15.98 183.15 4.81 2.96 0.06 - - - - - - - - - - - - - - - - - - -	13.3% 9.9 121.51 105.27 307.52 414.44 14.89 183.83 13.99 10.25 24.24 0.14 24.37 146,300 85%	6.1% 129.20 110.94 315.09 446.10 17.09 192.55 4.93 2.79 4.02	9.9% 131.88 106.13 317.89 436.77 17.07 186.73 16.26 1.78 0.35 18.39 0.14 18.52 127,988 85% 108,790	2.5% 123.61 104.32 308.04 435.38 17.54 182.11 0.01 4.52 4.53 0.05 4.58 116.838 85% 99.312	3.5% 118.12 104.54 320.09 451.55 17.07 186.13 2.59 3.84	129.78 104.29 297.22 440.99 17.36 186.36 2.69 4.93 	120.85 108.91 301.11 410.39 16.04 181.76 5.25 6.30 0.16	9.9% 120.36 102.66 303.04 419.29 16.39 180.80 10.76 5.62 0.38
Medicaid Uninsured Uninsured Uninsurable Blind and Disabled Dual Eligible TennCare Capitation Payment UB 92 HCFA1500 Dental Capitation Pharmacy Subcontractor Reinsurance BHO Capitation Revenue Pharmacy Rebates Total Payments Remaining IBNR Payments and Remaining IBNR Capitation MMLR per TennCare CRA %	2.3% 130.34 95.98 292.02 363.42 14.49 186.87 1.71 2.64 0.00 4.35 0.00 4.35 287,137 85%	3.5% 130.37 94.97 291.49 357.18 14.09 179.52 4.08 1.31 0.89 6.28 0.00 6.28 273,949 85%	2.4% 122.54 95.42 297.80 370.64 14.22 179.31 2.65 1.57 0.04 4.25 0.00 4.25 281,730 85%	3.5% 4.4 129.89 96.73 284.40 365.02 14.15 180.00 2.86 3.19 0.20 6.25 0.00 6.25	9.5% 6% 127.60 95.77 302.39 371.49 14.39 181.23 14.34 2.94 0.00 	124.53 95.13 304.67 370.77 14.45 181.51 3.89 3.31 0.05 - - - - - - - - - - - - - - - - - - -	7.8% 128.38 95.72 295.90 366.79 14.39 181.93 9.65 4.54 0.00 14.20 0.01 14.21 287,002 85%	3.7% 126.06 94.73 316.50 369.09 14.24 183.59 2.75 2.75 2.75 2.75 2.75 2.75 2.75 2.75	10.7% 7.: 120.66 95.52 297.53 368.71 14.21 179.70 13.47 5.68 0.03 19.17 0.03 19.20	5.8% 7.8 2% 122.02 95.29 304.54 368.89 14.57 180.35 6.04 4.29 0.13 10.46 (0.00) 10.46 335,091 85%	7.7% % 122.14 94.54 300.69 366.29 14.28 179.78 9.54 4.11 0.18 13.83 0.03 13.86	7.0% 121.78 94.19 309.08 355.17 14.11 177.13 9.06 3.18 0.10 12.35 0.03 12.38 333,635 85%	5.8% 118.05 103.01 295.45 411.88 16.71 180.81	118.05 103.01 295.45 411.88 16.71 181.37 11.78 22.75 0.07 22.82	111.83 86.74 278.74 406.80 15.42 170.85 47.84 4.60 	8.4% 108.83 90.93 287.78 394.18 15.77 168.36 14.01 0.06 14.08 110,592 85%	11.8% 8.9% 106.93 103.11 299.95 365.01 15.81 166.44 10.68 8.79 19.47 0.09 19.56 76,118 855%	123.72 103.76 307.57 418.04 15.98 183.15 4.81 2.96 0.06 - - - - - - - - - - - - - - - - - - -	13.3% 9.9 121.51 105.27 307.52 414.44 14.89 183.83 13.99 10.25	6.1% 129.20 110.94 315.09 446.10 17.09 192.55 4.93 2.79 4.02	9.9% 131.88 106.13 317.89 436.77 17.07 186.73 16.26 1.78 0.35 18.39 0.14 18.52	2.5% 123.61 104.32 308.04 435.38 17.54 182.11 0.01 4.52 4.53 0.05 4.58 116.838 85%	3.5% 118.12 104.54 320.09 451.55 17.07 186.13 2.59 3.84 6.43 0.08 6.52 110,862 85%	129.78 104.29 297.22 440.99 17.36 186.36 2.69 4.93 	120.85 108.91 301.11 410.39 16.04 181.76 5.25 6.30 0.16 11.70 0.29 11.99	9.9% 120.36 102.66 303.04 419.29 16.39 180.80 10.76 5.62 0.38 16.76 0.12 16.88

Total Payments by the Claims Processing System All Regions

Incurred Month of Service

						Incurred Mo	nth of Service	ce																			
		Total	Before Jul-00	Jul-00	Aug-00	Sep-00	Oct-00	Nov-00	Dec-00	Jan-01	Feb-01	Mar-01	Apr-01	May-01	Jun-01	Jul-01	Aug-01	Sep-01	Oct-01	Nov-01	Dec-01	Jan-02	Feb-02	Mar-02	Apr-02	May-02	Jun-02
	Jul-00	13,021,039	11,470,620	1,550,419																							
	Aug-00	13,318,580	4,153,667	6,410,686	2,754,227																						
	Sep-00	10,535,049	1,281,015	1,174,597	6,133,803	1,945,634																					
	Oct-00	11,864,199	888,728	563,866	1,672,088	6,413,625	2,325,892																				
Month	Nov-00	11,883,498	699,571	334,376	454,568	1,252,969	6,963,150	2,178,864																			
Paid	Dec-00	9,596,148	136,929	92,330	310,387	523,212	1,442,220	5,443,156	1,647,913																		
by the	Jan-01	10,518,227	237,007	60,715	175,850	223,288	588,193	1,864,366	5,201,110	2,167,698																	
Claims	Feb-01	11,969,831	73,284	86,079	52,631	171,962	344,519	924,245	1,764,487	6,244,727	2,307,897		_														
System	Mar-01	12,129,250	85,408	39,204	21,032	45,997	114,384	497,841	697,319	1,798,687	5,924,960	2,904,418															
	Apr-01	11,417,389	99,363	40,540	53,280	70,885	127,912	112,575	348,233	791,333	1,235,639	6,145,487	2,392,141														
	May-01	13,607,604	21,307	42,212	2,448	6,182	32,816	56,802	135,365	552,749	875,192	1,524,454	6,758,574	3,599,503													
	Jun-01	16,372,530	127,698	27,340	43,659	24,243	52,837	48,649	78,984	300,506	598,648	1,231,553	1,563,832	7,246,417	5,028,166												
	Jul-01	21,686,704	8,340,071	13,266	23,135	15,691	13,887	28,382	24,456	82,541	186,918	488,475	618,460	1,062,541	5,778,512	5,010,370		_									
	Aug-01	22,453,041	3,427,164	1,146	17,213	15,495	6,766	9,575	25,707	65,809	66,952	243,129	477,793	1,091,424	1,367,259	9,742,289	5,895,319										
	Sep-01	22,665,090	2,109,001	7,995	6,038	4,619	11,334	8,868	15,521	97,483	127,726	111,296	230,783	712,187	815,881		11,445,364										
	Oct-01	21,350,075	1,102,949	4,914	8,438	9,653	3,202	7,504	11,654	3,871	95,835	107,061	106,498	180,652	599,497	1,096,198	2,411,095	10,240,615	5,360,439								
		22,792,434	347,510	(620)	(7,914)	3,892	2,729	3,021	2,430	9,326	(78,156)	55,407	59,368	133,071	191,997	796,169			12,021,855	4,489,655							
		20,561,515	561,512	9,252	16,372	11,597	14,051	14,001	23,469	20,669	9,987	46,510	46,802	245,310	109,608	170,883	764,798			10,449,137							
	Jan-02	22,502,166	198,017	183	(3,697)	2,136	(16,507)	(6,200)	17,028	(53,921)	6,771	42,523	53,225	59,469	134,562	131,806	258,341	551,880				5,397,812					
		23,328,280	149,049	1,356	2,387	(1,225)	374	1,248	(2,292)	8,478	13,519	14,424	18,338	26,192	87,334	267,146	245,039	479,017			2,901,049						
		21,927,662	355,308	5,180	1,642	16,601	3,939	3,304	2,388	11,675	7,313	41,556	37,647	44,931	134,590	45,284	176,515	153,339	448,693	551,754				4,792,392			
		21,843,777	(8,068)	1,168	996	3,689	868	(2,924)	857	(100,730)	5,476	8,247	1,151	53,035	23,037	134,443	89,890	242,452	423,678	1,140,711	501,395	1,512,199		11,060,009			1
	-	23,898,765	183,502	(98)	(956)	(1,061)	227	(721)	(8,721)	93,680	3,843	8,055	5,920	18,909	73,886	59,123	49,151	34,162	164,690	127,719	486,543	860,776	1,259,667	3,889,264			
		17,151,789	49,830	(459)	1,126	386	876	(21,206)	253	6,098	3,058	9,302	1,855	6,099	33,724	27,652	9,713	24,615	35,026	40,651	14,806	152,377	512,332			8,699,490	
		18,949,514	15,557	2,087	(1,727)	(885)	398	(2,006)	(3,361)	(13,361)	1,157	3,769	5,551	4,068	(12,626)	4,664	17,465	70,781	195,577	45,593	112,542	237,826	652,958		1,600,064		10,238,784
	Aug-02		59,406	89	3,410	6,380	7,596	4,182	8,976	7,242	6,066	6,631	3,908	2,830	(1,462)	(739)	14,846	25,327	206,411	43,388	138,252	269,537	316,420				3,506,958
	Sep-02		(1,153)	1,733	20,851	18,003	2,802	(1,105)	6,217	3,271	7,828	5,439	616	(41,925)	14,403	11,119	17,383	23,947	27,408	38,242	65,320	109,265	113,153	218,421	254,830	477,177	745,812
	Oct-02		131,848	2,514	1,686	2,628	(60)	5,464	1,101	6,004	44,807	(546)		71,450	(15,077)	14,461	30,492	40,335	36,283	39,260	28,143	106,637	79,680	148,340	238,561	567,888	715,207
	Nov-02		457,416	(366)	8	65	819	508	1,125	5,000	4,687	13,381	7,435	10,516	15,402	10,915	22,171	(771)	20,860	23,781	28,631	64,159	66,207	66,494	525,421	266,756	336,860
	Dec-02	1,345,736	90,414	59,170	1,201	(3,039)	(2,666)	20,830	909	5,096	(335)	9,412	7,078	3,692	6,045	12,828	12,126	(757)	28,608	18,387	37,141	55,601	86,915	95,373	197,985	151,159	452,564
Totals		442,851,159	36,843,930	10,530,875	11,764,183	10,782,621	12,042,560	11,199,223	10,001,131	12,113,930	11,455,784	13,019,983	12,399,945	14,530,372	14,384,740	19,611,070	23,230,903	20,827,149	24,638,270	22,198,599	19,901,951	23,784,735	21,088,635	22,230,104	23,001,595	21,801,577	19,467,294

XANTUS Healthplan of Tennessee, Inc.

Medical Fund Target Report (MFT)

December 2002

CLAIMS RUNOUT THROUGH 12/31/02 FILED WITH TENNCARE AND TDCI TUESDAY, JANUARY 21, 2003

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FINAL CERTIFIED	MEDICAL		NITORING	REPORT		
THATE OF KILLED	ALL REC	SIONS				
XANTUS Healthplan of Tennessee, Inc.						
December 2002			2002			
			Incurred Month	1		
	July	August	September	October	November	December
Enrollment: Medicaid	53,402	55,312	55,291	56,955	56,716	53,644
Enrollment: Uninsured	49,198	48,460	47,388	44,869	36,119	33,947
Enrollment: Uninsurable	15,691	15,662	15,443	14,462	11,853	10,785
Enrollment: Blind and Disabled	11,395	11,337	11,251	11,060	11,043	10,632
Enrollment: Dual Eligible	26,879	26,899	26,837	26,847	26,898	25,909
Enrollment (including estimated retroactivity)	156,565	157,671	156,210	154,194	142,629	134,917
TennCare Medical Fund Target	21,391,422	21,508,755	21,316,099	20,920,367	19,245,814	18,102,885
Payments for Medical Services						
UB 92	12,505,146	11,653,869	10,491,320	11,110,594	7,678,339	3,051,936
HCFA1500	7,905,391	8,023,743	7,160,345	7,300,782	5,130,738	1,720,569
Dental	662,153	702,091	578,090	0	0	0
Capitation	0	0	0	0	0	0
Pharmacy	5,324,264	5,551,849	5,633,847	5,952,688	5,651,252	5,720,509
Subcontractor	242,719	245,958	240,186	240,214	235,205	210,202
Reinsurance	28,406	28,162	27,857	27,799	27,010	24,188
Other Payments	0	0	0	0	0	0
Less:						
BHO Capitation Revenue	0	0	0	0	0	0
Pharmacy Rebates	296,535	296,535	296,535	296,535	296,535	296,535
Other Recoveries	0	0	0	0	0	0
Total Payments	26,371,544	25,909,136	23,835,110	24,335,542	18,426,008	10,430,868
Remaining IBNR (includes 10% margin)	941,960	1,396,461	2,111,105	3,662,975	6,933,531	13,301,299
Payments and Remaining IBNR	27,313,504	27,305,596	25,946,215	27,998,517	25,359,539	23,732,168
Medical Fund Target less Medical Payments	(5,922,082)	(5,796,842)	(4,630,116)	(7,078,150)	(6,113,725)	(5,629,283)
Medical Fund / Total Payments	127.68%	126.95%	121.72%	133.83%	131.77%	131.10%
UB 92	79.87	73.91	67.16	72.06	53.83	22.62
HCFA1500	50.49	50.89	45.84	47.35	35.97	12.75
Dental	4.23	4.45	3.70	-	-	-
Capitation	-	-	-	-	-	-
Pharmacy	34.01	35.21	36.07	38.61	39.62	42.40
Subcontractor	1.55	1.56	1.54	1.56	1.65	1.56
Reinsurance	0.18	0.18	0.18	0.18	0.19	0.18
BHO Capitation Revenue Pharmacy Rebates	(1.89)	(1.88)	(1.90)	(1.92)	(2.08)	(2.20)
Total Payments	168.44	164.32	152.58	157.82	129.19	77.31
Remaining IBNR	6.02	8.86	132.56	23.76	48.61	98.59
Payments and Remaining IBNR	174.45	173.18	166.10	181.58	177.80	175.90
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FINIAL OFFICIER	MEDICAL	FUND MC	NITORING	RFPORT		
FINAL CERTIFIED			REGION			
XANTUS Healthplan of Tennessee, Inc.	LASTIII	CITAL	REGION	1		
December 2002			2002			
December 2002			Incurred Month	,		
	July	August	September	October	November	December
Enrollment: Medicaid	136	August 104	September 84	60	29	14
Enrollment: Uninsured	89	72	51	25	11	4
Enrollment: Uninsurable	23	20	13	6	5	2
Enrollment: Blind and Disabled	21	19	16	9	5	3
Enrollment: Dual Eligible	31	24	20	12	10	6
•	300	239	184	112	60	29
Enrollment (including estimated retroactivity)						
TennCare Medical Fund Target	40,975	32,586	25,086	15,224	8,170	3,814
Payments for Medical Services						
UB 92	18,497	1,898	2,013	2,171	886	262
HCFA1500	3,444	2,342	2,403	1,533	563	198
Dental	80	80	180	0	0	0
Capitation	0	0	0	0	0	0
Pharmacy	10,202	8,416	6,636	4,324	2,377	1,230
Subcontractor	465	373	283	174	99	45
Reinsurance	54	43	33	20	11	5
Other Payments	0	0	0	0	0	0
Less:						
BHO Capitation Revenue	0	0	0	0	0	0
Pharmacy Rebates	568	449	349	215	125	64
Other Recoveries	0	0	0	0	0	0
Total Payments	32,175	12,702	11,199	8,007	3,813	1,676
Remaining IBNR (includes 10% margin)	984	296	532	737	785	1,282
Payments and Remaining IBNR	33,159	12,998	11,731	8,744	4,597	2,959
Medical Fund Target less Medical Payments	7,816	19,588	13,355	6,480	3,573	856
Medical Fund / Total Payments	80.92%	39.89%	46.76%	57.44%	56.27%	77.57%
UB 92	61.66	7.94	10.94	19.38	14.77	9.05
HCFA1500	11.48	9.80	13.06	13.69	9.39	6.82
Dental	0.27	0.33	0.98	-	-	-
Capitation	-	-	-	-	-	-
Pharmacy	34.01	35.21	36.07	38.61	39.62	42.40
Subcontractor	1.55	1.56	1.54	1.56	1.65	1.56
Reinsurance	0.18	0.18	0.18	0.18	0.19	0.18
BHO Capitation Revenue	-	-	-	-	-	-
Pharmacy Rebates	(1.89)	(1.88)	(1.90)	(1.92)	(2.08)	(2.20
Total Payments	107.25	53.15	60.86	71.49	63.54	57.81
Domoining IDND	3.28	1.24	2.89	6.58	13.08	44.22
Remaining IBNR	0.20					

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FINAL CERTIFIED			ONITORING			
TIMAL OLIVINIED	MIDDLE	TN GRA	ND REGIO	ON		
XANTUS Healthplan of Tennessee, Inc.						
December 2002			2002			
			Incurred Month			
	July	August	September	October	November	December
Enrollment: Medicaid	53,139	55,108	55,139	56,841	56,666	53,623
Enrollment: Uninsured	48,864	48,185	47,153	44,733	36,075	33,932
Enrollment: Uninsurable	15,577	15,565	15,362	14,417	11,841	10,782
Enrollment: Blind and Disabled	11,286	11,247	11,194	11,026	11,024	10,627
Enrollment: Dual Eligible	26,771	26,823	26,777	26,811	26,880	25,901
Enrollment (including estimated retroactivity)	155,637	156,929	155,625	153,829	142,486	134,865
TennCare Medical Fund Target	21,264,672	21,407,589	21,236,343	20.870.755	19,226,341	18,096,046
Payments for Medical Services	, , .	1	,,-	.,,		
UB 92	12,483,387	11,644,282	10,482,192	11,105,552	7,674,632	3,051,674
HCFA1500	7,897,639	8,012,879	7,153,744	7,296,936	5,129,880	1,720,141
Dental	661,738	701,986	577,860	0	0	0
Capitation	0	0	0	0	0	0
Pharmacy	5,292,706	5,525,722	5,612,748	5,938,597	5,645,586	5,718,304
Subcontractor	241,280	244,801	239,287	239,645	234,969	210,121
Reinsurance	28,238	28,029	27,753	27,733	26,983	24,179
Other Payments	0	0	0	0	0	0
Less:						
BHO Capitation Revenue	0	0	0	0	0	0
Pharmacy Rebates	294,777	295,140	295,424	295,833	296,238	296,421
Other Recoveries	0	0	0	0	0	0
Total Payments	26,310,210	25,862,558	23,798,159	24,312,630	18,415,813	10,427,997
Remaining IBNR (includes 10% margin)	940,622	1,395,052	2,109,257	3,661,207	6,931,060	13,299,376
Payments and Remaining IBNR	27,250,832	27,257,611	25,907,416	27,973,837	25,346,873	23,727,373
Medical Fund Target less Medical Payments	(5,986,160)	(5,850,021)	(4,671,072)	(7,103,083)	(6,120,532)	(5,631,328)
Medical Fund / Total Payments	128.15%	127.33%	122.00%	134.03%	131.83%	131.12%
UB 92	80.21	74.20	67.36	72.19	53.86	22.63
HCFA1500	50.74	51.06	45.97	47.44	36.00	12.75
Dental	4.25	4.47	3.71	-	-	-
Capitation	-	-	-	-	-	-
Pharmacy	34.01	35.21	36.07	38.61	39.62	42.40
Subcontractor	1.55	1.56	1.54	1.56	1.65	1.56
Reinsurance	0.18	0.18	0.18	0.18	0.19	0.18
BHO Capitation Revenue	-	-	-	-	-	-
Pharmacy Rebates	(1.89)	(1.88)	(1.90)	(1.92)	(2.08)	(2.20)
Total Payments	169.05	164.80	152.92	158.05	129.25	77.32
Remaining IBNR	6.04	8.89	13.55	23.80	48.64	98.61
<u> </u>						
Payments and Remaining IBNR	175.09	173.69	166.47	181.85	177.89	175.93

	MEDICAL	FUND MC	NITORING	RFPORT		
FINAL CERTIFIED			D REGIO			
XANTUS Healthplan of Tennessee, Inc.	WEST	v Old liv	J KLGIOI	4		
December 2002			2002			
December 2002			Incurred Month	1		
	July	August	September	October	November	December
Enrollment: Medicaid	69	53	43	36	16	6
Enrollment: Uninsured	50	43	36	20	12	5
Enrollment: Uninsurable	27	26	19	9	3	1
Enrollment: Blind and Disabled	10	10	8	4	3	2
Enrollment: Dual Eligible	22	10	8	6	4	1
Enrollment (including estimated retroactivity)	178	142	114	75	38	15
TennCare Medical Fund Target	61,463	49,219	39,128	24,195	6,128	1,973
Payments for Medical Services	4.500	0.700	4.054	0.77	0.770	
UB 92	1,538	3,790	1,251	367	2,779	0
HCFA1500	1,906	5,189	1,328	1,119	181	230
Dental	0	25	0	0	0	0
Capitation	0	0	0	0	0	0
Pharmacy	6,053	5,000	4,112	2,895	1,506	636
Subcontractor	276	222	175	117	63	23
Reinsurance	32	25	20	14	7	3
Other Payments	0	0	0	0	0	0
Less:	1					
BHO Capitation Revenue	0	0	0	0	0	0
Pharmacy Rebates	337	267	216	144	79	33
Other Recoveries	0	0	0	0	0	0
Total Payments	9,469	13,984	6,670	4,368	4,457	859
Remaining IBNR (includes 10% margin)	154	617	299	296	1,602	641
Payments and Remaining IBNR	9,622	14,601	6,968	4,663	6,059	1,500
Medical Fund Target less Medical Payments	51,840	34,618	32,160	19,531	69	473
Medical Fund / Total Payments	15.66%	29.67%	17.81%	19.27%	98.88%	76.04%
UB 92	8.64	26.69	10.97	4.89	73.13	-
HCFA1500	10.71	36.54	11.65	14.92	4.77	15.34
Dental	-	0.18	-	-	-	-
Capitation	-	-	-	-	-	-
Pharmacy	34.01	35.21	36.07	38.61	39.62	42.40
Subcontractor	1.55	1.56	1.54	1.56	1.65	1.56
Reinsurance	0.18	0.18	0.18	0.18	0.19	0.18
BHO Capitation Revenue	-	-	-	-	-	-
Pharmacy Rebates	(1.89)	(1.88)	(1.90)	(1.92)	(2.08)	(2.20
Total Payments	53.19	98.48	58.51	58.23	117.28	57.28
Remaining IBNR	0.86	4.34	2.62	3.94	42.17	42.75
Payments and Remaining IBNR	54.06	102.82	61.13	62.18	159.45	100.02

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24,312	19,360	15,542	10,194	5,175	1,052
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0	0	0	0	0	0
19,691	19,892	19,083	10,537	1,926	336
199	496	1,017	736	83	0
19,890	20,387	20,100	11,273	2,009	336
4,422	(1,027)	(4,558)	(1,078)	3,165	717
81.81%	105.30%	129.33%	110.58%	38.83%	31.88%
3.83	10.80	20.43	14.07	0.91	-
5.34	9.23	10.00	6.71	2.51	-
0.74	-	0.17	-	-	-
-	-	-	-	-	-
34.01	35.21	36.07	38.61	39.62	42.40
1.55	1.56	1.54	1.56	1.65	1.56
0.18	0.18	0.18	0.18	0.19	0.18
-	-	-	-	-	-
(1.89)	(1.88)	(1.90)	(1.92)	(2.08)	(2.20
43.76	55.10	66.49	59.20	42.80	41.94
0.44	1.37	3.54	4.13	1.85	-
	July 58 195 64 78 55 450 24,312 1,724 2,402 335 0 15,303 698 82 0 0 852 0 19,691 199 19,890 4,422 81.81% 3.83 5.34 0.74 - 34.01 1.55 0.18 - (1.89) 43.76	July August 58 47 195 160 64 51 78 61 55 42 450 361 24,312 19,360 1,724 3,899 2,402 3,332 335 0 0 0 0 15,303 12,711 698 563 82 64 0 0 0 0 852 679 0 0 19,691 19,892 199 496 19,890 20,387 4,422 (1,027) 81,81% 105,30% 3,83 10,80 5,34 9,23 0,74 34,01 35,21 1,55 1,56 0,18 0,18 - (1,89) (1,88) 43,76 55,10	July August September 58 47 25 195 160 148 64 51 49 78 61 33 55 42 32 450 361 287 24,312 19,360 15,542 1,724 3,899 5,864 2,402 3,332 2,870 335 0 50 0 0 0 15,303 12,711 10,351 698 563 441 82 64 51 0 0 0 852 679 545 0 0 0 19,691 19,892 19,083 199 496 1,017 19,890 20,387 20,100 4,422 (1,027) (4,558) 81,81% 105.30% 129.33% 3.83 10.80 20.43 5.34<	2002	2002

Total Payments by the Claims Processing System All Regions

Incurred Month of Service

						incurred wid	onth of Servi	ce																			
		Total	Before Jul-02	Jul-02	Aug-02	Sep-02	Oct-02	Nov-02	Dec-02	Jan-03	Feb-03	Mar-03	Apr-03	May-03	Jun-03	Jul-03	Aug-03	Sep-03	Oct-03	Nov-03	Dec-03	Jan-04	Feb-04	Mar-04	Apr-04	May-04	Jun-04
	Jul-02	22,572,019	18,966,449			_																					
	Aug-02	23,160,587	7,718,804				-																				
	Sep-02		2,100,925			3,367,244																					
	Oct-02	21,410,935	2,177,134	1,859,681		10,531,141	2,871,512																				
Month	Nov-02	19,207,941	1,888,900				10,558,591																				
Paid	Dec-02	24,438,957	1,238,343	428,152	673,471	1,102,227	4,981,273	11,242,986	4,772,505																		
by the	Jan-03	0	0	0	0	0	0	0	0	0		-															
Claims	Feb-03	0	0	0	0	0	0	0	0	0	0		=														
System	Mar-03	0	0	0	0		0	0	0	0	0	0															
	Apr-03	0	0	0	0	0	0	0	0	0	0	0	0		-												
	May-03	0	0	0	0	, ,	0	0	0	0	0	U	0	0													
	Jun-03	0	0	0	0		0	0	0	0	0	U	0	0	0		_										
	Jul-03	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		-									
	Aug-03	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		1								
	Sep-03	0	0	0	0	Ū	0	0	0	0	0	0	0	0	0	0	0	0									
	Oct-03	0	0	0	0	-	0	0	0	0	0	U	0	0	0	0	0	0	0		i						
	Nov-03	0	0	0	0		0	0	0	0	0	Ū	0	0	0	0	0	0	0	0		1					
	Dec-03	0	0	0	0	U	0	0	0	0	0	U	0	0	0	0	0	0	0	0	0						
	Jan-04	0	0	0	0	0	0	0	0	0	0	U	0	0	0	0	0	0	0	0	0	0		7			
	Feb-04	0	0	0	0	0	0	0	0	0	0	U	0	0	0	0	0	0	0	0	0	0	0	_			
	Mar-04	0	0	0	0	U	0	0	0	0	0	U	0	0	0	0	0	0	0	0	0	0	0	0		1	
	Apr-04	0	0	0	0	0	0	0	0	0	0	U	0	0	0	0	0	0	0	0	0	0	0	0	0		
	May-04	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Jun-04	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	ı	400 7/5 / : :	04.000.5	04.070.477	00.070.7	10.000 7	40.444.05:	10.000.07:	4 770 505			_			_	_	_	_	_	_	_	_	_	_		_	
Totals		129,765,661	34,090,555	21,072,690	20,379,702	18,229,755	18,411,376	12,809,076	4,772,505	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

95,675,105 Total for Dates of Service after 7/1/02



Statement of Actuarial Opinion

I, Kenton J. Roepke, am associated with the firm of Reden & Anders, Ltd. I am a Member of the American Academy of Actuaries and have been retained by XANTUS Healthplan of Tennessee, Inc. (Xantus) with regard to loss reserves, actuarial liabilities and related items.

I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities and related items listed below, as shown in the annual statement of Xantus as prepared for filing with State regulatory officials, as of December 31, 2002:

Page 3, Line 1: Claims Unpaid (Post-Petition)

\$38,540,804

In forming my opinion on the above-listed reserves, I have relied on data prepared by or under the direction of Christopher E. Burton, Special Deputy Receiver, as certified in the attached statement. I evaluated that data for reasonableness and consistency.

In my opinion, the amounts carried on the balance sheet on account of the items identified above:

- A. Are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles,
- B. Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the statement was prepared,
- C. Meet the requirements of the laws of Tennessee,
- D. Make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements,
- E. Are computed on the basis of assumptions consistent with those used in computing the corresponding items in the annual statement of the preceding year-end, and
- F. Include appropriate provision for all actuarial items which ought to be established. In this regard, the claims adjustment expense has been included in Page 3, Line 1.

I have reviewed the Underwriting and Investment Exhibit – Part 2B. The exhibit was prepared consistent with *Section 3.6*, *Follow-Up Studies* contained in Actuarial Standard of Practice No. 5, <u>Incurred Health and Disability Claims</u>.

The State of Tennessee has guaranteed payments to Xantus for Xantus' TennCare operating expenses. These operations are all of Xantus' business, so Xantus is guaranteed to be able to meet its current and future expenses as long as the current agreement exists.

Reden & Anders, Ltd.

An Ingenix Company

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Statement of Actuarial Opinion (Cont'd)

The actuarial methods, considerations and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

Kenton J. Roepke Associate, Society of Actuaries Member, American Academy of Actuaries

February 27, 2003

KRJ:mje

Reden & Anders, Ltd. 222 South 9th Street, Suite 1500 Minneapolis, MN 55402 (612) 339-7933

Reden & Anders, Ltd.

An Tingentes Company

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ANNUAL STATEMENT FOR THE YEAR 2002 OF THE XANTUS Healthplan of Tennessee, Inc.

Management's Discussion and Analysis

FILED SEPARATELY April 1, 2003

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ANNUAL STATEMENT FOR THE YEAR 2002 OF THE XANTUS Healthplan of Tennessee, Inc.

Audited Financial Report

FILED SEPARATELY May 1, 2003